

ANNUAL REVIEW PROTOCOL FOR  
CONSOLIDATED SPECIALTY MENTAL HEALTH SERVICES  
AND OTHER FUNDED SERVICES

FISCAL YEAR 2003-2004

*INSTRUCTIONS TO REVIEWERS*

**ANNUAL REVIEW PROTOCOL FOR  
CONSOLIDATED SPECIALTY MENTAL HEALTH SERVICES AND OTHER FUNDED SERVICES  
FISCAL YEAR 2003-2004**

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# **INSTRUCTIONS TO REVIEWERS**

## **LIST OF ABBREVIATIONS**

<u>24/7</u>	24 HOURS A DAY/SEVEN DAYS A WEEK	<u>MOU</u>	MEMORANDUM OF UNDERSTANDING
<u>AB 2034</u>	ASSEMBLY BILL THAT PROVIDED MONEY TO ASSIST THE HOMELESS	<u>NFP</u>	NOT FOLLOWING PLAN
<u>ASO</u>	ADMINISTRATIVE SERVICE ORGANIZATION	<u>NOA</u>	NOTICE OF ACTION
<u>CCP</u>	CULTURAL COMPETENCE PLAN	<u>PATH</u>	PROJECTS FOR ASISTANCE IN TRANSITION FROM HOMELESSNESS
<u>CCR</u>	CALIFORNIA CODE OF REGULATIONS	<u>P&amp;P</u>	POLICIES AND PROCEDURES
<u>CFR</u>	CODE OF FEDERAL REGULATIONS	<u>PCP</u>	PRIMARY CARE PHYSICIAN
<u>CMS</u>	CENTERS FOR MEDICARE AND MEDICAID SERVICES	<u>PHF</u>	PSYCHIATRIC HEALTH FACILITY
<u>DMH</u>	DEPARTMENT OF MENTAL HEALTH (STATE)	<u>POA</u>	POINT OF AUTHORIZATION
<u>DSM-IV</u>	DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS	<u>QI</u>	QUALITY IMPROVEMENT
<u>EPSDT</u>	EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT	<u>QIC</u>	QUALITY IMPROVEMENT COMMITTEE
<u>FY</u>	FISCAL YEAR	<u>SD/MC</u>	SHORT-DOYLE/MEDI-CAL
<u>IA</u>	INTERAGENCY AGREEMENT	<u>SMHS</u>	SPECIALTY MENTAL HEALTH SERVICES
<u>IP</u>	IMPLEMENTATION PLAN	<u>TAR</u>	TREATMENT AUTHORIZATION REQUEST
<u>LEP</u>	LIMITED ENGLISH PROFICIENT	<u>TDD</u>	TELECOMMUNICATION DEVICE FOR THE DEAF
<u>MCE</u>	MEDICAL CARE EVALUATION	<u>TBS</u>	THERAPEUTIC BEHAVIORAL SERVICES
<u>MCMCP</u>	MEDI-CAL MANAGED CARE PLAN	<u>UM</u>	UTILIZATION MANAGEMENT
<u>MHP</u>	MENTAL HEALTH PLAN	<u>UR</u>	UTILIZATION REVIEW
<u>MHS</u>	MENTAL HEALTH SERVICES	<u>URC</u>	UTILIZATION REVIEW COMMITTEE
<u>MOE</u>	MAINTENANCE OF EFFORT	<u>W&amp;IC</u>	WELFARE AND INSTITUTIONS CODE

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1.	Is the MHP making ongoing outreach efforts as follows:			<ul style="list-style-type: none"> <li>Is the MHP in compliance with its IP?</li> <li>Ask the MHP to describe its outreach efforts</li> </ul>
1a.	Evidence of community information and education plans or P&P that enable the MHP's beneficiaries' access to specialty mental health services?			<ul style="list-style-type: none"> <li>Review evidence of outreach efforts, i.e., flyers, meeting agendas, newspaper articles</li> <li>Review education plans and policies that are in place</li> </ul>
1b.	Evidence of outreach for informing under-served populations about cultural/linguistic services available, e.g., number of community presentations and/or forums?  <i>CCR, Title 9, Chapter 11, Section 1810.310(a)(2)(B); DMH Information Notice No. 02-03, Page 16.</i>			<ul style="list-style-type: none"> <li>Review evidence of outreach to under-served populations identified in the MHP's CCP</li> </ul> <p><b><u>OUT OF COMPLIANCE:</u></b> NFP; no evidence of any outreach efforts, including outreach to under-served populations identified in the MHP's CCP</p>
2.	Is the county making ongoing outreach efforts as follows:			<p><b><u>NOTE:</u></b> When applicable, review PATH and/or AB 2034 (Homeless) proposal before review</p>
2a.	Evidence of outreach to the homeless mentally disabled?			<ul style="list-style-type: none"> <li>Review evidence of outreach to the homeless</li> </ul>
2b.	Evidence of outreach to the hard-to-reach individuals with mental disabilities?  <i>W&amp;IC Sections 5600.2(d) and 5614(b)(5).</i>			<ul style="list-style-type: none"> <li>Review evidence of outreach to the hard-to-reach</li> </ul> <p><b><u>OUT OF COMPLIANCE:</u></b> No evidence of any outreach efforts to the homeless and the hard-to-reach</p>
3.	Regarding the statewide, toll-free number,			<p><b><u>NOTE:</u></b> Test the line within two months prior to the review</p> <p><b><u>NOTE:</u></b> Test after-hours and regular work hours in both English and other language(s)</p>

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3a.	Does the statewide toll-free number make available information on how to access specialty mental health services, including services needed to treat a beneficiary's urgent condition/crisis situation?			
3b.	Does this number have linguistic capabilities, including Telecommunication Device for the Deaf (TDD) or California Relay Services, in all the languages spoken by beneficiaries of the county?  <i>CCR, Title 9, Chapter 11, Sections 1810.405(d) and 1810.410 (d)(1); DMH Information Notice No. 02-03, Page 12.</i>			<ul style="list-style-type: none"> <li>Is the toll-free line answered 24/7 in a manner that ensures linguistic capabilities in all languages, including TDD or California Relay Services, spoken by beneficiaries of the MHP?</li> </ul> <p><b>OUT OF COMPLIANCE:</b> NFP; no 24/7 coverage; information in 3a not made available; lack of linguistic capacity, including TDD or California Relay Services, in all languages spoken by beneficiaries of the MHP as evidenced by results of DMH test-calls</p>
4.	Does the MHP have procedures for ensuring access to services for beneficiaries out of the county for the following categories:			<ul style="list-style-type: none"> <li>Review procedures</li> <li>Have MHP describe how services are accessed for 4a-b</li> </ul>
4a.	Children in foster care and other residential placements out of county?			<ul style="list-style-type: none"> <li>Is the MHP utilizing the services of the ASO or another process?</li> </ul>
4b.	Adults in residential placements out of county?  <i>CCR, Title 9, Chapter 11, Sections 1830.210, 1830.215 and 1830.220; DMH Information Notice No. 97-06, D, 4.</i>			<ul style="list-style-type: none"> <li>Does the MHP have any adults in residential placements?</li> </ul> <p><b>OUT OF COMPLIANCE:</b> NFP; MHP has no procedures for ensuring access to services for beneficiaries out of county</p>
5.	Is MHP information being provided to beneficiaries with visual or hearing impairments?  <i>CCR, Title 9, Chapter 11, Section 1810.110(a); DMH Information Notice No. 97-06, D, 5; W&amp;IC Sections 5600.2(e) and 5614(b)(5).</i>			<ul style="list-style-type: none"> <li>Ask about P&amp;P</li> <li>Ask MHP how it is providing services to these beneficiaries</li> </ul> <p><b>OUT OF COMPLIANCE:</b> NFP; evidence that the MHP is not providing information to beneficiaries with visual or hearing impairments</p>

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6.	Does each request-for-service log entry contain the name of the beneficiary, the date of the request, and the initial disposition of the request?			<p><u>NOTE</u>: MHP must only log: 1) initial requests, 2) requests for SMHS, 3) requests from beneficiaries, 4) and requests from beneficiaries of the MHP</p> <ul style="list-style-type: none"> <li>• Have the MHP describe the logging system and review a sample</li> <li>• Test-call, as needed</li> <li>• Review the logs or some sample of the log(s) for required information</li> </ul> <p><b><u>OUT OF COMPLIANCE</u></b>: NFP; requests-for-service logs not being maintained, wherever required; MHP not recording required information; DMH test-calls not recorded</p>
	CCR, Title 9, Chapter 11, Section 1810.405(f).			
7.	Regarding written information in English and the threshold languages to assist beneficiaries in accessing specialty mental health services:			<ul style="list-style-type: none"> <li>• <u>NOTE</u>: Regarding mental health education materials, if none in English, none are required in threshold languages.</li> <li>• Confidentiality and release of information form</li> </ul>
7a.	At a minimum, does the MHP have the following:			<ul style="list-style-type: none"> <li>• Is the beneficiary brochure and problem resolution information available in English and in threshold languages?</li> <li>• Is this information available in English and the threshold languages at all provider sites where beneficiaries have access to it?</li> </ul>
	1) The beneficiary brochure?			
	2) Beneficiary problem resolution grievance and fair hearing materials?			
	3) Mental health education materials?			

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7b.	Does the MHP provide beneficiaries with the beneficiary brochure upon request and when first accessing services?			<ul style="list-style-type: none"> <li>Review how the MHP makes the beneficiary brochure available upon request and upon accessing specialty mental health services, e.g., as part of the intake packet</li> <li>As time permits, interview staff with assigned responsibility (Contact MHP in advance to make arrangements)</li> </ul>
7c.	Does the beneficiary brochure include the following information:			<u>NOTE</u> : The brochure should contain a description of available services, not just a listing of available services
	1) A description of available services?			
	2) A description of the process for obtaining services, including the MHP's statewide toll-free telephone number?			
	3) A description of the beneficiary's right to request a fair hearing at any time before, during, or within 90 days after the completion of the MHP's beneficiary problem resolution process, and a description of the right to request a fair hearing whether or not the beneficiary uses the problem resolution process and whether or not the beneficiary has received a notice of action?			
	4) A description of the process for obtaining a list of the MHP's providers that includes alternatives and options for cultural/linguistic services?			<ul style="list-style-type: none"> <li>What is the process for obtaining a list?</li> <li>Review beneficiary brochures</li> </ul> <p><b><u>OUT OF COMPLIANCE</u></b>: NFP; beneficiary brochure does not contain the required information; evidence that the MHP does not provide the beneficiary with the beneficiary brochure upon request and upon first accessing services; MHP does not address the process for obtaining a list in the brochure</p>
	<i>CCR, Title 9, Chapter 11, Sections 1810.410(a), and (d)(3), 1810.360(c)(1), (2), (3) and 1850.205(c)(1)(A); MHP Contract with the DMH; DMH Information Notice No. 02-03, Pages 14-15.</i>			

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8.	Regarding the list of providers:			<ul style="list-style-type: none"> <li>Verify process described in the beneficiary brochure</li> </ul>
8a.	Does the MHP provide, upon request, a list of the MHP's providers that includes alternatives and options for cultural/linguistic services?			<p><u>NOTE:</u> At a minimum, the categories should include: 1) Psychiatric inpatient hospital services, 2) targeted case management, 3) and/or all other specialty mental health services</p> <ul style="list-style-type: none"> <li>Are services listed per requirements?</li> <li>Are there cultural/linguistic providers?</li> <li>Does it include addresses?</li> </ul>
8b.	<p>Is there evidence that the MHP is making efforts to include additional culture-specific community providers and services in the range of programs offered?</p> <p><u>CCR, Title 9, Chapter 11, Section 1810.410(a); DMH Information Notice No. 02-03, Pages 15-16; MHP Contract with the DMH.</u></p>			<p><u>NOTE:</u> Within the range above, are there any efforts to include additional culture-specific providers?</p> <ul style="list-style-type: none"> <li>Ask if MHP is monitoring need for additional cultural/linguistic services</li> <li>Is the MHP taking into account cultural competence issues in making budget reductions?</li> </ul> <p><b><u>OUT OF COMPLIANCE:</u></b> NFP; MHP does not have a list of its providers with addresses, including cultural/linguistic specific providers; the list is not available to beneficiaries as described in the brochure</p>
9.	<p>Does the MHP have policies and procedures to assure that culturally and linguistically competent services are available to its beneficiaries?</p> <p><u>CCR, Title 9, Chapter 11, Section 1810.410(a); DMH Information Notice No. 02-03, Page 17.</u></p>			<ul style="list-style-type: none"> <li>Review P&amp;P, <b>contracts</b>, and practices</li> </ul> <p><b><u>OUT OF COMPLIANCE:</u></b> NFP; no P&amp;P and practices in place that address beneficiary requests for culture-specific providers</p>



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10.	<p>Does the MHP have a policy in place that prohibits the expectation that families will provide interpreter services?</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.410(a); DMH Information Notice No. 02-03, Page 14; Title VI, Civil Rights Act of 1964, (42 U.S.C., Section 2000d, 45 C.F.R., part 80).</i></p>			<ul style="list-style-type: none"> <li>Review the MHP policy</li> <li>As time permits, interview staff with assigned responsibility (Contact MHP in advance to make arrangements)</li> </ul> <p><b><u>OUT OF COMPLIANCE:</u></b> NFP; no such policy in place</p>
11.	<p>Is there evidence that limited English proficient (LEP) individuals are informed, in a language they understand, that they have a right to free language assistance services?</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.410(a); DMH Information Notice No. 02-03, Page 13; Title VI, Civil Rights Act of 1964, (42 U.S.C., Section 2000d, 45 C.F.R., part 80).</i></p>			<ul style="list-style-type: none"> <li>For example, look for posters and other announcements in English and other languages</li> <li>Look at P&amp;P, if available</li> <li>A consumer may choose to use a family member or a friend as an interpreter</li> </ul> <p><b><u>OUT OF COMPLIANCE:</u></b> NFP; no evidence that LEP individuals are informed as required</p>
12.	<p>Whenever feasible and at the request of the beneficiary, does the MHP provide an opportunity to change persons providing the specialty mental health services, including the right to use culturally specific providers?</p> <p><i>CCR, Title 9, Chapter 11, Sections 1830.225(a) and (b); DMH Information Notice No. 02-03, Pages 15&amp;17.</i></p>			<p><b><u>NOTE:</u></b> Also see 7b under Section I, “Quality Improvement Program” for annual review of this process</p> <ul style="list-style-type: none"> <li>Is the MHP in compliance with its IP?</li> <li>As time permits, interview staff with assigned responsibility (Contact MHP in advance to make arrangements)</li> <li>Ask MHP to describe the processes for changing the person who will provide the service</li> </ul> <p><b><u>OUT OF COMPLIANCE:</u></b> NFP; evidence the MHP does not provide an opportunity to change persons providing the service; MHP is routinely denying access to another provider or culture-specific provider</p>

**SECTION A**      **ACCESS****CRITERIA****IN COMPLIANCE**  
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13.	Regarding mandated key points of contact:			<p><u>NOTE:</u> A “Key Point of Contact” is defined as: Common points of entry into the mental health system, including 24-hour toll free line, beneficiary problem resolution system, inpatient hospital or other central access or contact locations where there is face-to-face encounters with consumers as designated by the MHP</p> <ul style="list-style-type: none"><li>• As time permits, interview staff with assigned responsibility for 13a-b (Contact MHP in advance to make arrangements)</li></ul> <p><u>NOTE:</u> A “<i>Mandated</i> Key Point of Contact” is defined as: A Key Point of Contact that is located in a region or area that meets <i>threshold</i> language population concentrations</p> <p><u>NOTE:</u> Must include some clinic sites as mandated key points of contact</p>
13a.	Is there documented evidence to show which services have linguistically proficient staff or interpreters available to beneficiaries during regular operating hours?			<ul style="list-style-type: none"><li>• Confirm mandated key points of contact for each language</li><li>• See evidence of interpreters and linguistically proficient staff for all hours, including regular operating hours, for each service, for each site, and for each threshold language</li><li>• Review charts and determine the length of time that it takes to get access to bi-lingual staff or interpreter</li><li>• Review evidence of interpreters and linguistically proficient staff</li><li>• Look for language proficiency as defined by the MHP</li></ul>

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13b.	Is there documented evidence to show the response to offers of interpretive service?  <i>CCR, Title 9, Chapter 11, Section 1810.410 (d)(2); DMH Information Notice No. 02-03, Page 13.</i>			<ul style="list-style-type: none"> <li>• If applicable, review evidence in charts, or elsewhere, of offers of interpretive services, availability of such services, and/or how beneficiaries are linked to appropriate service</li> <li>• Request a chart(s) that requires interpreter services</li> </ul> <p><b><u>OUT OF COMPLIANCE:</u></b> NFP; interpreter services are not available during regular operating hours; no documented evidence to show response to offers or interpretive service</p>
14.	Regarding all key points of contact:			
14a.	Are there policies and procedures in place to link beneficiaries who do not meet the threshold language criteria to appropriate services?			<ul style="list-style-type: none"> <li>• Review P&amp;P about linking as well as evidence that beneficiaries who do not meet the threshold language criteria are linked to appropriate services</li> </ul>
14b.	Is there evidence, including documented progressive steps, to show that beneficiaries who do not meet the threshold language criteria are linked to appropriate services?  <i>CCR, Title 9, Chapter 11, Section 1810.410 (d)(2); DMH Information Notice No. 02-03, Pages 13-14; Title VI, Civil Rights Act of 1964, (42 U.S.C., Section 2000d, 45 C.F.R., part 80).</i>			<p><b><u>OUT OF COMPLIANCE:</u></b> NFP; no P&amp;Ps to link; beneficiaries who do not meet the threshold language are not being linked to appropriate services</p>

**SECTION B**      **AUTHORIZATION****CRITERIA****IN COMPLIANCE**  
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**COMMENTS****RE: HOSPITAL SERVICES UTILIZING A POINT OF AUTHORIZATION**

1.	Regarding the Treatment Authorization Requests (TARs):			<b><u>NOTE:</u></b> Review 1a-c only when there have been complaints
1a.	Are the TARS being approved or denied by licensed, waived, or registered mental health professionals of the beneficiary's MHP?			<ul style="list-style-type: none"><li>• Review random sample of DMH selected TARS to determine if qualified mental health professionals are approving or denying TARs</li><li>• As time permits, interview staff with assigned responsibility (Contact MHP in advance to make arrangements)</li></ul>
1b.	Are all adverse decisions based upon a lack of medical necessity being reviewed and supported by a physician or, when applicable, a psychologist?			<b><u>NOTE:</u></b> Only adverse decisions based upon medical necessity require physician review and support <b><u>NOTE:</u></b> Review and support must be by way of a physician's signature, although it need not be on the TAR <ul style="list-style-type: none"><li>• Review random sample of DMH selected TARS</li><li>• Describe how denials of medical necessity are being reviewed and supported, i.e., signature on TAR</li><li>• As time permits, interview staff with assigned responsibility (Contact MHP in advance to make arrangements)</li></ul>
1c.	Does the MHP approve or deny TARs within 14 calendar days of the receipt of the TAR?  <i>CCR, Title 9, Chapter 11, Sections 1820.220(d), (f), &amp; (h) and 1850.305(d)(2)(D), and (e)(5)(C).</i>			<b><u>NOTE:</u></b> Receipt date may be stamped on TAR or recorded elsewhere <ul style="list-style-type: none"><li>• As time permits, interview staff with assigned responsibility (Contact MHP in advance to make arrangements)</li><li>• Review DMH selected TARs</li><li>• Check receipt date with approval or denial date</li><li>• Review some TARS submitted following an appeal (1<sup>st</sup> &amp; 2<sup>nd</sup> level) ruled in favor of the provider</li></ul> <b><u>OUT OF COMPLIANCE:</u></b> NFP; physician or, when applicable, a psychologist, is not reviewing and supporting denials; no physician signature for adverse decisions; MHP not acting on TARS within 14 days of receipt

## **SECTION B**

## **AUTHORIZATION**

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## RE: NON-HOSPITAL SPECIALTY MENTAL HEALTH SERVICES

<p>2. Does the MHP ensure that specialty mental health services are available to treat beneficiaries who require services for an urgent conditions 24 hours a day, seven days a week?</p> <p><u>CCR, Title 9, Chapter 11, Section 1810.405(c).</u></p>	<ul style="list-style-type: none"> <li>• Is the MHP in compliance with its IP?</li> <li>• Test process, as indicated</li> <li>• Have the MHP describe 24/7 availability of services for urgent conditions</li> <li>• If available, review P&amp;P</li> </ul> <p><b><u>OUT OF COMPLIANCE:</u></b> NFP; or urgent services not available 24/7</p>
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## RE: UTILIZATION MANAGEMENT

<p>3. Is there evidence that the MHP is reviewing utilization management (UM) activities annually, including a review of the consistency in the authorization process?</p> <p><u>CCR, Title 9, Chapter 11, Section 1810.440(b); MHP Contract with DMH, Exhibit A, Attachment 1, Appendix B.</u></p>			<ul style="list-style-type: none"> <li>• Review both hospital and non-hospital</li> <li>• What are the MHP's activities in this area?</li> <li>• How is the MHP reviewing this annually?</li> </ul> <p><b>OUT OF COMPLIANCE:</b> NFP; no evidence of monitoring activities</p>
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## **SECTION B**      **AUTHORIZATION**

### **CRITERIA**

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4.	<p>When required, is the MHP providing a written NOA-A to a beneficiary when the MHP or its providers determine that the beneficiary does not meet the medical necessity criteria and is not entitled to any specialty mental health services?</p> <p><u>CCR</u>, Title 9, Chapter 11, Sections 1810.405(e) and 1850.210(i).</p>			<ul style="list-style-type: none"> <li>• Review NOA-As given since last DMH review</li> <li>• As time permits, interview staff with assigned responsibility (Contact MHP in advance to make arrangements)</li> </ul> <p><u>NOTE</u>: Current version of NOA-A is dated July 3, 1998</p> <ul style="list-style-type: none"> <li>• Is the MHP using the most current NOA-A form?</li> <li>• If utilizing a form different from the DMH approved form, does it contain all the required elements?</li> <li>• Review P&amp;P</li> </ul> <p><b><u>OUT OF COMPLIANCE</u></b>: NFP; there is evidence the MHP is not issuing NOA-As per regulations</p>
5.	<p>When required, is the MHP providing a written NOA-B to the beneficiary when the MHP denies, modifies, or defers a payment authorization request from a provider for specialty mental health services?</p> <p><u>CCR</u>, Title 9, Chapter 11, Sections 1850.210(a)(b)(c).</p>			<p><u>NOTE</u>: Current version of NOA-B is dated July 3, 1998</p> <ul style="list-style-type: none"> <li>• Ask the MHP if prior authorization is required</li> <li>• Is the MHP or its providers providing an NOA-B when payment authorization requests are denied, modified, or deferred (over 30 days)?</li> <li>• Is the MHP using the most current NOA-B form?</li> <li>• If utilizing a form different from the DMH approved form, does it contain all the required elements?</li> <li>• As time permits, interview staff with assigned responsibility (Contact MHP in advance to make arrangements)</li> </ul> <p><b><u>OUT OF COMPLIANCE</u></b>: NFP; there is evidence the MHP is not issuing NOA-Bs per regulations</p>

**SECTION C**      **BENEFICIARY PROTECTION**

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1.	Does the MHP have problem resolution processes in place for both the informal complaint and the formal grievance processes that provide for two levels of grievance reviews within the MHP?  <i>CCR, Title 9, Chapter 11, Sections 1850.205(b)(1)&amp;(2) and 1850.205(e)(2).</i>		<ul style="list-style-type: none"> <li>Review processes for both hospital and non-hospital</li> <li>Are complaints being logged? <ul style="list-style-type: none"> <li>If yes, review sample of complaint log(s)</li> </ul> </li> </ul> <p><b>OUT OF COMPLIANCE:</b> NFP; no informal level; no two levels of formal processes; not following processes</p>
2.	Are there notices posted explaining complaint resolution and grievance process procedures in locations at all MHP provider sites sufficient to ensure that the information is readily available to both beneficiaries and provider staff?  <i>CCR, Title 9, Chapter 11, Section 1850.205(c)(1)(B).</i>		<p><b>NOTE:</b> Visit some organizational provider site(s) to verify</p> <ul style="list-style-type: none"> <li>Review evidence that MHP has informed its providers about this requirement</li> <li>Review contract language and ask the MHP if posted at all sites –hospital/non-hospital; network/SD-MC; in-county/out of county</li> </ul> <p><b>OUT OF COMPLIANCE:</b> NFP; posted notices not in all provider sites visited</p>
3.	Are grievance forms and self-addressed envelopes available for beneficiaries to pick up at all MHP provider sites without having to make a verbal or written request?  <i>CCR, Title 9, Chapter 11, Section 1850.205(c)(1)(C).</i>		<p><b>NOTE:</b> Visit some organizational provider site(s) to verify</p> <ul style="list-style-type: none"> <li>Review evidence that MHP has informed its providers about this requirement</li> <li>Review contract language and ask if grievance forms and self-addressed envelopes are available at all sites – hospital/non-hospital; network/SD-MC; in-county/out of county</li> </ul> <p><b>OUT OF COMPLIANCE:</b> NFP; grievance forms and self-addressed envelopes are not available in all provider sites visited without the need to made a verbal or written request</p>

**SECTION C**      **BENEFICIARY PROTECTION**

**CRITERIA**

**IN COMPLIANCE**  
**Y   N**

**INSTRUCTIONS TO REVIEWERS**  
**COMMENTS**

4.	Does the MHP have policies in place to protect beneficiary confidentiality?  <i>CCR, Title 9, Chapter 11, Section 1850.205(c)(6); Welfare &amp; Institutions Code Section 5328.</i>			<ul style="list-style-type: none"> <li>Review MHP policies as it pertains to protecting the confidentiality of beneficiary complaints and grievances</li> <li>As time permits, interview staff with assigned responsibility (Contact MHP in advance to make arrangements)</li> </ul> <p><b><u>OUT OF COMPLIANCE:</u></b> NFP; no policies in place</p>
5.	Does the MHP have the following processes in place:			<p><b><u>NOTE:</u></b> Review a-f only if MHP out of compliance during previous year review</p> <ul style="list-style-type: none"> <li>Review P&amp;P</li> <li>As time permits, interview staff with assigned responsibility for 5a-f (Contact MHP in advance to make arrangements)</li> <li>How does beneficiary learn of 5a-f?</li> </ul>
5a.	The beneficiary may authorize another person to act on his/her behalf and that this representative may use the complaint resolution process or the grievance process on the beneficiary's request?			
5b.	The beneficiary is not subject to any penalty for filing a complaint or grievance?			<ul style="list-style-type: none"> <li>How is this accomplished?</li> </ul>
5c.	The beneficiary is not required to present a concern or complaint in writing?			



**SECTION C**      **BENEFICIARY PROTECTION**

**IN COMPLIANCE**  
**Y N**

**INSTRUCTIONS TO REVIEWERS**  
**COMMENTS**

[illegible]

## **SECTION C**      **BENEFICIARY PROTECTION**

### **CRITERIA**

**IN COMPLIANCE**  
**Y   N**

**INSTRUCTIONS TO REVIEWERS**  
**COMMENTS**

8.	Does the MHP have a process that provides a decision on grievances at each level within thirty calendar days of receipt by that level of review within the MHP?  <u>CCR, Title 9, Chapter 11, Section 1850.205(e)(3).</u>			<ul style="list-style-type: none"> <li>Review grievance decisions for timeliness at each level</li> </ul> <p><b><u>OUT OF COMPLIANCE:</u></b> NFP; MHP does not provide for a decision in a timely manner</p>
9.	Is the final disposition of each grievance, including the date the decision is sent to the beneficiary or the reason(s) that there has not been a final disposition of the grievance, being documented?  <u>CCR, Title 9, Chapter 11, Section 1850.205(e)(6)(B).</u>			<p><b><u>NOTE:</u></b> This information need not be recorded in the log</p> <ul style="list-style-type: none"> <li>Review documentation material</li> </ul> <p><b><u>OUT OF COMPLIANCE:</u></b> NFP; MHP not documenting final disposition or the date disposition is sent to beneficiary or why no disposition</p>
10.	Is documentation present that verifies the beneficiaries have been notified in writing of their right to appeal the grievance decision to a second level of review within the MHP or to request a fair hearing?  <u>CCR, Title 9, Chapter 11, Section 1850.205(e)(6)(D).</u>			<p><b><u>NOTE:</u></b> This information need not be recorded in the log <b><u>NOTE:</u></b> Required only if beneficiary disagrees with the decision</p> <ul style="list-style-type: none"> <li>Describe how beneficiaries are notified</li> </ul> <p><b><u>OUT OF COMPLIANCE:</u></b> NFP; no documentation that MHP is notifying beneficiaries of this right</p>
11.	When a provider was included in the grievance, is documentation in place to show that providers have been notified of the grievance resolution?  <u>CCR, Title 9, Chapter 11, Section 1850.205(e)(6)(E).</u>			<p><b><u>NOTE:</u></b> This information need not be recorded in the log</p> <ul style="list-style-type: none"> <li>Describe how providers are notified.</li> </ul> <p><b><u>OUT OF COMPLIANCE:</u></b> NFP; no documentation that MHP is notifying providers of the grievance resolution</p>

**SECTION D****FUNDING AND REPORTING, AND CONTRACTING REQUIREMENTS****IN COMPLIANCE****INSTRUCTIONS TO REVIEWERS****CRITERIA****Y N****COMMENTS****MAINTENANCE OF EFFORT (MOE)**

1.	Regarding the MOE requirements, is the county in compliance with either 1a or 1b:			<ul style="list-style-type: none"> <li>Interview fiscal officer</li> </ul>
1a.	Is the county depositing its local matching funds per the schedule developed by the DMH?			<ul style="list-style-type: none"> <li>See MOE dollar amount schedule—last published: FY'96-97</li> <li>Obtain from county the quarterly county submission reports to the State Controller's Office for the past year</li> </ul>
1b.	If the county elects not to apply MOE funds, is the county in compliance with Section 17608.5(c) that prohibits the county from using the loss of these funds for realignment purposes?			
	<i>W&amp;IC Sections 5614(b)(1), 17608.05(a)&amp;(b)&amp;(c), and 17609.05; DMH Policy Letter No. 97-05.</i>			<p><b><u>OUT OF COMPLIANCE:</u></b> County is not depositing its local matching funds per schedule; county is not in compliance with Section 17608.05(c)</p>

**FUNDING OF CHILDREN'S SERVICES**

2.	Is the county in compliance with either 2a or 2b:			<ul style="list-style-type: none"> <li>Interview fiscal officer</li> </ul>
2a.	The requirement to maintain its funding for children's services at a level equal to or more than the proportion expended for children's services in FY'83-84?			<ul style="list-style-type: none"> <li>Obtain verification from county</li> </ul>
2b.	The requirement to document the determination in a noticed public hearing that the need for new or expanded services to persons under 18 has significantly decreased?			<p><b><u>NOTE:</u></b> Public hearing is the Board of Supervisors meeting</p> <ul style="list-style-type: none"> <li>If proportion has decreased, review documentation from public hearing</li> </ul> <p><b><u>OUT OF COMPLIANCE:</u></b> County does not maintain funding for children's services per requirement; the county does not have documentation from noticed public hearing</p>
	<i>W&amp;IC Sections 5704.5(b) and 5614(b)(3).</i>			

## **SECTION D**      **FUNDING AND REPORTING, AND CONTRACTING REQUIREMENTS**

		IN COMPLIANCE		INSTRUCTIONS TO REVIEWERS
CRITERIA		Y	N	COMMENTS
3.	Is the county in compliance with either 3a or 3b:			<ul style="list-style-type: none"> <li>Interview fiscal officer</li> </ul>
3a.	The requirement to allocate for services to persons under 18 years of age 50% of any new funding received for new or expanded mental health programs until the amount expended for mental health services to persons under age 18 equals 25% of the county's gross budget for mental health or equals the percentage of persons under 18 in the total county population, whichever is less?			<ul style="list-style-type: none"> <li>Obtain verification from county</li> </ul>
3b.	The requirement to document the determination in a noticed public hearing that the need for new or expanded services to persons under 18 does not exist or is less than the needs of specified groups of adults?			<p><u>NOTE:</u> Public hearing is the Board of Supervisors meeting</p> <ul style="list-style-type: none"> <li>If proportion has decreased, review documentation from public hearing</li> </ul> <p><b><u>OUT OF COMPLIANCE:</u></b> County does not allocate funding for children's services per requirement; the county does not have documentation from noticed public hearing</p>
<i>W&amp;IC Sections 5704.6(a)&amp;(c) and 5614(b)(3).</i>				

### REPORTING REQUIREMENTS

4.	Did the MHP submit the annual Cultural Competence Plan (CCP) update to the DMH?			<p><u>NOTE:</u> Check with Office of Multi-Cultural Services for due date</p> <p><u>NOTE:</u> Coordinator to obtain information directly from responsible DMH unit</p> <p><b><u>OUT OF COMPLIANCE:</u></b> MHP has not submitted its CCP update by due date</p>
<i>CCR, Title 9, Chapter 11, Section 1810.410(a),(b),(c): DMH Information Notice No. 02-03, pages 1-2.</i>				

**SECTION D****FUNDING AND REPORTING, AND CONTRACTING REQUIREMENTS****IN COMPLIANCE****INSTRUCTIONS TO REVIEWERS****CRITERIA****Y N****COMMENTS**

5.	<p>Has the MHP submitted a report that summarizes beneficiary grievances filed in the previous fiscal year?</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.375 (a) and W&amp;IC Section 5614(b)(4).</i></p>			<p><u>NOTE</u>: Due October 1<sup>st</sup> to DMH</p> <p><u>NOTE</u>: Coordinator to obtain information directly from responsible DMH unit</p> <p><b><u>OUT OF COMPLIANCE</u></b>: Beneficiary grievance report not submitted by October 1<sup>st</sup></p>
6.	<p>Regarding hospital contracts, does the MHP have one of the following in place for each disproportionate share and traditional hospital that meets selection criteria:</p> <ul style="list-style-type: none"> <li>• A signed contract for the current fiscal year?</li> <li>• A DMH approved request for exemption?</li> </ul> <p><i>CCR, Title 9, Chapter 11, Sections 1810.430(a)&amp;(b) and (c)(1)(A)(B)&amp;(C).</i></p>			<p><u>NOTE</u>: DMH staff to obtain approved request(s) for exemption directly from responsible DMH unit</p> <ul style="list-style-type: none"> <li>• Review DMH Information Notice to determine list of hospitals requiring a contract for current FY</li> <li>• Review contract(s) to document all are in place</li> </ul> <p><u>NOTE</u>: New exemption required each year</p> <p><u>NOTE</u>: Hospitals can refuse to contract with the MHP</p> <ul style="list-style-type: none"> <li>• If hospital(s) refuses to contract with the MHP, see documentation of such refusal</li> </ul> <p><u>NOTE</u>: MHP should provide letter from the hospital stating its desire to not contract with the MHP</p> <p><u>NOTE</u>: If hospital refuses to write such a letter, MHP may avouch such declaration in writing</p> <p><u>NOTE</u>: New letter required each year unless provider has informed MHP otherwise</p> <p><b><u>OUT OF COMPLIANCE</u></b>: NFP; MHP not contracting with listed hospitals and no approved exemption(s) or documentation of a refusal(s) to contract are in place</p>

**SECTION D****FUNDING AND REPORTING, AND CONTRACTING REQUIREMENTS**

		IN COMPLIANCE		INSTRUCTIONS TO REVIEWERS
CRITERIA		Y	N	COMMENTS
7.	Has the MHP submitted a list of all hospitals with which the MHP has current contracts?  <i>CCR, Title 9, Chapter 11, Sections 1810.375 (b) and 5614(b)(4).</i>			<p><u>NOTE</u>: Due October 1<sup>st</sup> to DMH</p> <p><u>NOTE</u>: Coordinator to obtain information directly from responsible DMH unit</p> <p><b><u>OUT OF COMPLIANCE</u></b>: List of hospitals not submitted by October 1st</p>
8.	Has the MHP submitted Fee for Services/Medi-Cal contract hospital rates annually as required?  <i>CCR, Title 9, Chapter 11, Sections 1810.375(c) and W&amp;IC Section 5614(b)(4).</i>			<p><u>NOTE</u>: N/A if not a host county</p> <p><u>NOTE</u>: Check with responsible DMH unit for due date</p> <p><u>NOTE</u>: Coordinator to obtain information directly from responsible DMH unit</p> <p><b><u>OUT OF COMPLIANCE</u></b>: Hospital rates not submitted by due date</p>
9.	Has the MHP reported the unexpended balance remaining from the previous year's allocation?  <i>CCR, Title 9, Chapter 11, Section 1810.375(d); W&amp;IC Section 5614(b)(4).</i>			<p><u>NOTE</u>: Due December 31<sup>st</sup> of the following year to the County Financial Program Support unit</p> <p><u>NOTE</u>: Coordinator to obtain information directly from County Financial Program Support unit</p> <p><u>NOTE</u>: Refers to Managed Care funds covered under sections 1810.330 and 1810.335</p> <p><b><u>OUT OF COMPLIANCE</u></b>: County not submitting the amount of unexpended funds by December 31<sup>st</sup> of the following year even if submitted by the time of the review</p>

**SECTION D****FUNDING AND REPORTING, AND CONTRACTING REQUIREMENTS****IN COMPLIANCE****INSTRUCTIONS TO REVIEWERS****CRITERIA****Y N****COMMENTS**

10.	Regarding Research and Performance Outcomes:			<u>NOTE</u> : Check with responsible DMH unit for due date
10a.	Is the county reporting adult performance outcome system data as required?			<u>NOTE</u> : Coordinator to obtain information directly from responsible DMH unit
10b.	Is the county reporting children performance outcome system data as required?  <i>W&amp;IC Sections 5614(b)(7) and 5610(a); County Performance Contract.</i>			<b><u>OUT OF COMPLIANCE</u></b> : County not reporting data as required
11.	Does the MHP have a monitoring system in place that ensures all contracted individual, group, and organizational providers utilized by the MHP are in compliance with the documentation standards requirements contained in the MHP Contract with the DMH?  <i>CCR, Title 9, Chapter 11, Section 1810.110; MHP Contract with DMH.</i>			<ul style="list-style-type: none"> <li>• Ask the MHP how it monitors the individual and group providers to ensure documentation standards are being met</li> <li>• Review some of the monitoring documentation</li> </ul> <b><u>OUT OF COMPLIANCE</u></b> : MHP does not have a monitoring system in place; no documentation of monitoring activities
12.	Does the MHP have a monitoring system in place that ensures contracted organizational providers are certified and recertified per conditions of the MHP Contract with the DMH?  <i>CCR, Title 9, Chapter 11, Section 1810.110; MHP Contract with DMH.</i>			<ul style="list-style-type: none"> <li>• Ask the MHP how it monitors the contract organizational providers to ensure onsite certifications and recertifications are completed per MHP Contract requirements</li> <li>• Check dates on a sample of re/certifications to determine compliance</li> </ul> <b><u>OUT OF COMPLIANCE</u></b> : MHP does not have a monitoring system in place; MHP not following re/certification requirements of the contract

## **SECTION E**

## **TARGET POPULATIONS AND ARRAY OF SERVICES**

## IN COMPLIANCE

## INSTRUCTIONS TO REVIEWERS

## CRITERIA

**Y N**

## COMMENTS

1.	<p>To the extent resources are available, is the county providing services to the target population in every geographic area?</p> <p><i>W&amp;IC Sections 5600.35 and 5614(b)(5).</i></p>		<p><u>NOTE</u>: Check with appropriate DMH unit to determine whether or not county has been previously found to be out of compliance</p> <p><b><u>OUT OF COMPLIANCE</u></b>: DMH has previously found county to be out of compliance by other means</p>
2.	<p>To the extent resources are available, is the county organized to provide an array of treatment options?</p> <p><i>W&amp;IC Sections 5600.4(a-k) and 5614(b)(5).</i></p>		<p><u>NOTE</u>: Check with appropriate DMH unit to determine whether or not county has been previously found to be out of compliance</p> <p><u>NOTE</u>: Options may include:</p> <ul style="list-style-type: none"> <li>• Pre-crisis and crisis services</li> <li>• Comprehensive evaluation and assessment</li> <li>• Individual Service Plan</li> <li>• Medication education and management</li> <li>• Case management</li> <li>• 24/7 treatment services</li> <li>• Rehabilitation and support services</li> <li>• Vocational rehabilitation</li> <li>• Residential services</li> <li>• Services for homeless persons</li> <li>• Group services?</li> </ul> <p><b><u>OUT OF COMPLIANCE</u></b>: DMH has previously found county to be out of compliance by other means</p>



# **SECTION F      MENTAL HEALTH BOARDS/COMMISSIONS**

**IN COMPLIANCE**  
**Y   N**

**INSTRUCTIONS TO REVIEWERS**  
**COMMENTS**

**CRITERIA**

1.	Does the county have a mental health board/commission that meets either 1a or 1b:			<p><u>NOTE</u>: Ask the board/commission how it functions in this county</p> <p><u>NOTE</u>: County may establish a board or a commission</p>
1a.	For counties with a population of more than 80,000, does the county have a board/commission consisting of 10 to 15 members ( <i>depending on the preference of the county</i> ) appointed by the governing body?			<ul style="list-style-type: none"> <li>• Meet with MHP designee and, if available, the board/commission Chair</li> <li>• Meet with no more than two board/commission members</li> <li>• Review MHB Annual Report to Planning Council</li> </ul>
1b.	For counties with a population of less than 80,000, does the county have a board/commission consisting of a minimum of five members appointed by the governing body?			<p><u>OUT OF COMPLIANCE</u>: County does not have a board/commission; the board/commission membership does not meet the minimum membership requirement</p>
	<i>W&amp;IC Sections 5614(b)(2) and 5604(a)(1).</i>			
2.	Is one member of the board/commission a member of the local governing body?			<p><u>OUT OF COMPLIANCE</u>: One member is not a member of a local governing body</p>
	<i>W&amp;IC Sections 5614(b)(2) and 5604(a)(1).</i>			
3.	Is the board/commission recommending appointees to the county supervisors?			<p><u>OUT OF COMPLIANCE</u>: Evidence the MHB can not recommend appointees to the Board of Supervisors</p>
	<i>W&amp;IC Sections 5614(b)(2) and 5604(a)(1).</i>			
4.	Does the board/commission membership reflect the ethnic diversity of the client population in the county?	For survey only		<p><u>NOTE</u>: Describe the ethnic diversity of the client population and the make-up of the board/commission</p>
	<i>W&amp;IC Sections 5614(b)(2) and 5604(a)(1).</i>			

**SECTION F      MENTAL HEALTH BOARDS/COMMISSIONS****IN COMPLIANCE  
Y   N****INSTRUCTIONS TO REVIEWERS  
COMMENTS****CRITERIA**

5.	In counties over 80,000 population, or in counties under 80,000 population that elect to have the board/commission exceed the five-member minimum permitted, is the county in compliance with the following:			
5a.	Consumers or the parents, spouses, siblings, or adult children of consumers who are receiving or have received mental health services constitute 50% of the board/commission membership?			
5b.	Consumers constitute at least 20% of the total membership?			
5c.	Families of consumers constitute at least 20% of the membership?  <i>W&amp;IC Sections 5614(b)(2) and 5604(a)(2)&amp;(3)(A)&amp;(B).</i>			<b><u>OUT OF COMPLIANCE:</u></b> Consumers or the parents, spouses, siblings, or adult children of consumers who are receiving or have received mental health services do not constitute 50% of the board/commission membership; consumers do not constitute at least 20% of the total membership; families of consumers do not constitute at least 20% of the membership
6.	In counties under 80,000 population that elect to have a five member board, is the county in compliance with the following:			
6a.	Is at least one member a consumer?			
6b.	Is at least one member a parent, spouse, sibling, or adult child of a consumer who is receiving, or has received, mental health services?  <i>W&amp;IC Sections 5614(b)(2) and 5604(a)(2)&amp;(3)(A)&amp;(B).</i>			<b><u>OUT OF COMPLIANCE:</u></b> The board/commission does not have at least one member who is a consumer; the board/commission does not have at least one member who is a parent, spouse, sibling, or adult child of a consumer who is receiving, or has received mental health services

# **SECTION F      MENTAL HEALTH BOARDS/COMMISSIONS**

**IN COMPLIANCE  
Y   N**

**INSTRUCTIONS TO REVIEWERS  
COMMENTS**

**CRITERIA**

7.	If two or more local agencies jointly establish a community mental health service {under Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 of Title 1 of the Government Code}, does the board/commission consist of the following:			<u>NOTE:</u> This applies to joint power agreements and counties under such an agreement
7a.	An additional two members for each additional agency?			
7b.	At least one of the two additional members is a consumer or a parent, spouse, sibling, or adult child of a consumer who has received mental health services?  <i>W&amp;IC Sections 5614(b)(2) and 5604(c).</i>			<u>OUT OF COMPLIANCE:</u> The board/commission does not have two additional members for each additional agency; at least one of the two additional members is not a consumer or a parent, spouse, sibling, or adult child of a consumer who has received mental health services
8.	Is the board/commission in compliance with the requirement that no member of the board/commission (or his or her spouse) is any of the following:			
8a.	An employee of the county mental health program?			
8b.	An employee of a mental health contract agency, or paid member of the governing body of a mental health contract agency?			
8c.	An employee of the State Department of Mental Health?			<u>NOTE:</u> This does not apply to independent contractors with DMH

**SECTION F**      **MENTAL HEALTH BOARDS/COMMISSIONS**

**IN COMPLIANCE**  
**Y   N**

**INSTRUCTIONS TO REVIEWERS**  
**COMMENTS**

**CRITERIA**

	<i>W&amp;IC Sections 5614(b)(2) and 5604(d).</i>			<b><u>OUT OF COMPLIANCE</u></b> : A member of the board (or his or her spouse) is an employee of the county mental health program, an employee or paid member of a mental health contract agency, an employee of a mental health contract agency, or paid member of the governing body, or an employee of the State Department of Mental Health
9.	Does the county have a process for ensuring that the board/commission does the following:			
9a.	Review and evaluate the community's mental health needs, services, facilities, and special problems?			
9b.	Review any county agreements entered into pursuant to Sections 5650 and 5608(c)?			<b><u>NOTE</u></b> : Consultation from the board/commission does not imply approval is required
9c.	Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process?			<ul style="list-style-type: none"> <li>Describe involvement of the board/commission</li> </ul>
9d.	Review and make recommendations on applicants for the appointment of a local mental health director?			<b><u>NOTE</u></b> : The board/commission must be included in the selection process prior to the vote of the governing body
9e.	Submit an annual report to the governing body on the needs and performance of the county's mental health system?			<b><u>NOTE</u></b> : Governing body is the board of supervisors  <b><u>OUT OF COMPLIANCE</u></b> : The county does not have a process for ensuring the board/commission reviews 9a-e
	<i>W&amp;IC Sections 5614(b)(2), and 5604.2(a) and 5608(c).</i>			

**SECTION G**      **INTERFACE WITH PHYSICAL HEALTH CARE****IN COMPLIANCE****INSTRUCTIONS TO REVIEWERS****CRITERIA****Y   N****COMMENTS****RE: RELATIONSHIP WITH MEDI-CAL MANAGED CARE PLANS**

1.	Regarding MOUs with Medi-Cal Managed Care Plans, the MHP must be in compliance with either 1a or 1b:			<u>NOTE</u> : No MOU(s) in place is OK if MHP is making good faith effort <u>NOTE</u> : An MOU is required only when an MCMCP serves 2,000 or more beneficiaries
1a.	Are MOUs in place with all Medi-Cal Managed Care Plans?			<ul style="list-style-type: none"><li>Does this county have Medi-Cal Managed Care Plans?</li></ul>
1b.	If not, is there evidence that the MHP is making good faith efforts to enter into such agreements?			<ul style="list-style-type: none"><li>If yes, how many and what are the names of the MCMCPs?</li></ul>
	<u>CCR, Title 9, Chapter 11, Sections 1810.370 (a), (b) &amp; (c).</u>			<b><u>OUT OF COMPLIANCE</u></b> : MOU(s) not in place because MHP not making good faith effort
2.	Regarding MOUs with Medi-Cal Managed Care Plans, does each MOU address the following items:			
2a.	MHP's process for providing referrals to the Medi-Cal Managed Care Plan?			<ul style="list-style-type: none"><li>Is the MHP following its IP?</li><li>Go through the MOUs and find reference to 2a-f</li><li>If draft MOU, is this a working draft?</li><li>When possible, verify process in practice for 2a-f</li></ul>
2b.	MHP's process for receiving referrals from the Medi-Cal Managed Care Plan?			
2c.	MHP's process for providing clinical consultation and training, including consultation and training on medications to beneficiary provider(s) in the Medi-Cal Managed Care Plan?			

**SECTION G**      **INTERFACE WITH PHYSICAL HEALTH CARE****IN COMPLIANCE**  
**Y   N****INSTRUCTIONS TO REVIEWERS**  
**COMMENTS****CRITERIA**

2d.	MHP's procedures for the exchange of medical records information that maintain confidentiality in accordance with applicable state and federal laws and regulations?			
2e.	MHP's procedures for providing beneficiaries with the following services when these services are covered by the Medi-Cal managed care plan:  1) Prescription drugs and laboratory services?			
	2) Emergency room facility and related services, home health care, non-emergency medical transportation, and physical health care while in a psychiatric inpatient hospital, including the history and physical required upon admission?			
	3) Direct transfers between psychiatric inpatient hospital services and inpatient hospital services required to address a beneficiary's medical problems?			
2f.	MHP's process for resolving disputes between the MHP and the Medi-Cal managed care plan that includes a means for beneficiaries to receive medically necessary services while the dispute is being resolved?  <u>CCR, Title 9, Chapter 11, Sections 1810.370(a)(1),(2), &amp;(3), (4)(A)(B)&amp;(C), and, (5); CMS Waiver Requirement.</u>			<b><u>OUT OF COMPLIANCE:</u></b> NFP; MOU(s) do not contain items 2a-f and there is evidence that the MHP is not making a good faith effort to include the missing items

**SECTION G**

## **INTERFACE WITH PHYSICAL HEALTH CARE**

**Y      N**

## COMMENTS

## CRITERIA

RE: RELATIONSHIP WITH PHYSICAL HEALTH CARE PROVIDERS WHO DO NOT BELONG TO A MEDICAL  
MANAGED CARE PLAN

<p>3. Regarding coordination with:</p> <p>A. Primary Care Providers (PCPs) when no Medi-Cal Managed Care Plans are present</p> <p>B. PCPs who do not belong to a Medi-Cal Managed Care Plan</p> <p>C. Federally Qualified Health Centers , Indian Health Centers, or Rural Health Centers</p> <p>are the following conditions being met:</p> <p>3a. A process is in place for the MHP to provide clinical consultation and training, including consultation and training on medications?</p>			<ul style="list-style-type: none"> <li>• Is the MHP following its IP?</li> <li>• Have the MHP describe the processes in place for 3a-c</li> <li>• When possible, verify processes in practice for 3a-c</li> <li>• As time permits, interview staff with assigned responsibility (Contact MHP in advance to make arrangements)</li> </ul>
<p>3b. A process is in place for the exchange of medical records information that maintains confidentiality in accordance with applicable state and federal laws and regulations?</p> <p><u>CCR, Title 9, Chapter 11, Sections 1810.415(a),(b)&amp;(c).</u></p>			<p><b><u>OUT OF COMPLIANCE:</u></b> NFP; there are no processes in place for 3a-b.</p>

**SECTION H****PROVIDER RELATIONS**

**IN COMPLIANCE**  
**Y N**

**INSTRUCTIONS TO REVIEWERS**  
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**CRITERIA****RE: MHP'S ASSESSMENT OF PROVIDER SATISFACTION**

1.	Is the MHP in compliance with the requirement to gather information, at least every two years, from providers regarding their satisfaction with the utilization management program?  <i>CCR, Title 9, Chapter 11, Section 1810.315; MHP Contract with DMH, Exhibit A, Attachment 1, Appendix B.</i>			<p><b>NOTE:</b> Applicable only if an authorization unit is used to authorize services</p> <ul style="list-style-type: none"> <li>Has the MHP gathered or is in the process of gathering provider satisfaction information?</li> </ul> <p><b>OUT OF COMPLIANCE:</b> MHP has made no attempt to gather this information</p>
2.	Upon gathering the provider satisfaction information, does the MHP use the information to address identified items of dissatisfaction?  <i>CCR, Title 9, Chapter 11, Sections 1810.315 and 1810.440; MHP Contract with DMH, Exhibit A, Attachment 1, Appendix B.</i>			<p><b>NOTE:</b> Applicable only if an authorization unit is used to authorize services</p> <ul style="list-style-type: none"> <li>Has the MHP used this information to address identified items of dissatisfaction?</li> </ul> <p><b>OUT OF COMPLIANCE:</b> MHP has made no efforts to address identified items of dissatisfaction</p>
3.	Does the MHP have a process in place to inform its providers on the MHP's criteria related to authorization of payment requests?	For survey only		<p><b>NOTE:</b> This applies to all services requiring authorization whether provided by hospitals or by non-hospital individual, group, and organizational providers</p>
4.	Does the MHP have a process in place that offers training to its providers on the MHP's criteria related to authorization of payment requests?	For survey only		<p><b>NOTE:</b> This applies to all services requiring authorization whether provided by hospitals or by non-hospital individual, group, and organizational providers</p>
5.	Does the MHP have a process in place to work collaboratively with its providers to reduce the number of payment authorization denials?	For survey only		<p><b>NOTE:</b> This applies to all services requiring authorization whether provided by hospitals or by non-hospital individual, group, and organizational providers</p>



# **SECTION I      QUALITY IMPROVEMENT PROGRAM**

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1.	Does the MHP Quality Improvement (QI) program include the active participation of the following stakeholders in the ongoing planning, design, and execution of the QI program:  a) Practitioners/providers?  b) Beneficiaries?  c) Family members?  <i>CCR, Title 9, Chapter 11, Sections 1810.440(a)(2)(A)(B)&amp;(C); MHP Contract with DMH, Exhibit A, Attachment 1, Appendix A.</i>			<ul style="list-style-type: none"> <li>Review evidence that each category is represented</li> <li>Review evidence that there is active participation from each category</li> </ul>
				<b><u>OUT OF COMPLIANCE:</u></b> NFP
2.	Regarding the QIC:			
2a.	Is the QIC meeting as frequent as described in the QI Plan?			<ul style="list-style-type: none"> <li>See IP for the specified frequency of the QIC meetings</li> </ul>
2b.	Are the minutes:			<ul style="list-style-type: none"> <li>Review minutes for date and signature</li> <li>Do the minutes reflect QIC decisions and actions?</li> </ul>
	1) Dated?  2) Signed?  <i>CCR, Title 9, Chapter 11, Section 1810.440; MHP Contract with DMH, Exhibit A, Attachment 1, Appendix A.</i>			<b><u>OUT OF COMPLIANCE:</u></b> NFP; minutes are not dated and signed
3.	Is the QIC involved in or overseeing the following QI activities:			<ul style="list-style-type: none"> <li>Review evidence of each activity described in 3a-d</li> <li>Review minutes for evidence of each activity described in 3a-d</li> </ul>
3a.	Recommending policy changes?			

# **SECTION I      QUALITY IMPROVEMENT PROGRAM**

## **CRITERIA**

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3b.	Reviewing and evaluating the results of QI activities?			
3c.	Instituting needed QI actions?			
3d.	Ensuring follow-up of QI processes?  <i>CCR, Title 9, Chapter 11, Section 1810.440; MHP Contract with DMH, Exhibit A, Attachment 1, Appendix A.</i>			<b>OUT OF COMPLIANCE:</b> NFP; no evidence that the QIC is involved in and overseeing activities described in 3a-d
4.	Regarding the annual work plan:			
4a.	Does the MHP evaluate the effectiveness of the QI program and show how QI activities have contributed to improvement in clinical care and beneficiary service?			<ul style="list-style-type: none"> <li>Review work plan</li> </ul>
4b.	Does the MHP incorporate relevant cultural competent and linguistic standards in the approved QI program and the annual QI work plan?  <i>CCR, Title 9, Chapter 11, Section 1810.440; DMH Information Notice No. 02-03, Page 20; MHP Contract with DMH, Exhibit A, Attachment 1, Appendix A.</i>			<b>OUT OF COMPLIANCE:</b> NFP; work plan does not evaluate the effectiveness of the QI program and show how QI activities have contributed to improvement in clinical care and beneficiary service; work plan does not incorporate cultural/linguistic standards
5.	Does the work plan monitor previously identified issues, including tracking of issues over time?  <i>CCR, Title 9, Chapter 11, Section 1810.440; MHP Contract with DMH, Exhibit A, Attachment 1, Appendix A.</i>			<ul style="list-style-type: none"> <li>Review work plan</li> <li>Have the MHP describe activities and monitoring of previously identified issues</li> <li>Are issues being tracked over time?</li> </ul> <b>OUT OF COMPLIANCE:</b> NFP; no work plan; not following work plan; no evidence of monitoring or tracking activities over time

**SECTION I      QUALITY IMPROVEMENT PROGRAM****IN COMPLIANCE  
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6.	Does the work plan include goals and monitoring activities in the following areas:			<b>NOTE:</b> Verify only that goals and planned activities are in the work plan
6a.	Monitoring the service delivery capacity of the MHP as evidenced by:  1) A description of the current number, types, and geographic distribution of mental health services within the MHP's delivery system?			<ul style="list-style-type: none"><li>• MHP should have baseline statistics with goals for the year</li></ul>
	2) Goals are set for the number, type, and geographic distribution of mental health services?			
6b.	Monitoring the accessibility of services as evidenced by:  In addition to meeting statewide standards, goals have been set and mechanisms have been established to monitor the following:  1) Timeliness of routine mental health appointments?			<ul style="list-style-type: none"><li>• Review P&amp;P</li><li>• Goals should be set for 1-4</li><li>• Mechanisms for monitoring should be in place for 1-4</li></ul>
	2) Timeliness of services for urgent conditions?			
	3) Access to after-hours care?			
	4) Responsiveness of the 24/7 toll-free number?			Does the MHP test-call its toll-free number?

**SECTION I**      **QUALITY IMPROVEMENT PROGRAM**

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6c.	Monitoring beneficiary satisfaction as evidenced by: 1) Annual survey of beneficiary satisfaction?			
	2) Annual evaluation of beneficiary grievances and fair hearings?			
	3) Annual review of requests for changing persons providing services?			
	4) Providers are informed of the results of the beneficiary/family satisfaction surveys?			<ul style="list-style-type: none"><li>• How are providers informed?</li></ul>
	5) Completion of a consumer satisfaction survey in the threshold languages?			<u>NOTE</u> : Nos. 5-6 are conditions of DMH Information Notice No. 02-03, page 15. The MHP is strongly encouraged to make these a part of its work plan.
	6) Satisfaction surveys, in each threshold language, indicated that, at least, 75% of the respondents had access to written information in their primary language?			<u>NOTE</u> : The requirement refers to conducting the survey and monitoring for meeting the 75% threshold.
6d.	Monitoring the MHP's service delivery system as evidenced by: 1) Relevant clinical issues, including the safety and effectiveness of medication practices, are identified?			
	2) The interventions implemented when occurrences of potential poor care are identified?			
	3) Providers, beneficiaries, and family members are evaluating data to identify barriers to improvement related to clinical practice and/or administrative aspects of the delivery system?			
6e.	Monitoring provider appeals?			

**SECTION I****QUALITY IMPROVEMENT PROGRAM****IN COMPLIANCE****INSTRUCTIONS TO REVIEWERS****CRITERIA****Y N****COMMENTS**

6f.	When required, a Latino study has been identified?			<p><b>NOTE:</b> Review contract (MHP Contract with DMH) language to determine if MHP is required to perform the Latino access study</p> <ul style="list-style-type: none"><li>Selected MHPs for the Latino access study are defined to include- Counties with Medi-Cal eligible populations of 10,000 or more and/or counties with Spanish as one of their threshold languages will be required to do and/or add a Latino access study to their Annual Quality Improvement Work plan. All county MHP would be required to do the study with the exception of Alpine, Amador, Calaveras, Mariposa, Nevada, Plumas, Siskiyou, Trinity and Tuolumne. These nine MHPs have fewer than 10,000 Medi-Cal beneficiaries, nor did they have Spanish as a Threshold language at the time the recommendation was made)</li><li>The selected Latino study work plan currently being developed must be consistent with selection criteria in Service Delivery Administrative and operational Requirements Exhibit A – Attachment1And consistent with Quality Improvement Program Exhibit A – Attachment 1 Appendix A, as follows:</li></ul> <p>“The Contractor shall include a study of Latino access in the annual quality Improvement Work plan required by Appendix A, Section B that is effective on or after July 1, 2002. .... The required study shall, at the Contractor’s election, meet the contractor’s obligation to conduct any single item required by Appendix A, Section B, Items 1, 2, 3, or 5. The required study may also meet the Contractor’s obligation to conduct one of the clinical studies required by Appendix A, Section B, Item 4, if the Contractor will be studying a clinical issue related to access. The contractor may chose to develop an access study that includes Latino and other underserved populations, rather than a study that focuses exclusively on Latino Populations. The Contractor shall provide the Department with information on the design, progress and outcome of the study upon request.”</p>
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	<i>CCR, Title 9, Chapter 11, Section 1810.440; DMH Information Notice No. 02-03, page 15; MHP Contract with DMH, Exhibit A, Attachment 1.</i>			<b><u>OUT OF COMPLIANCE</u></b> : NFP; not following contract; no work plan; not following work plan; no evidence of a monitoring plans for 6a-f
7.	Is the MHP conducting activities to meet the following work plan areas:			
7a.	The accessibility of services:			<ul style="list-style-type: none"> <li>Review monitoring activities in 7a, 1-4</li> </ul>
	1) Timeliness of routine mental health appointments?			
	2) Timeliness of services for urgent conditions?			
	3) Access to after-hours care?			
	4) Responsiveness of the 24/7 toll-free number?			
7b.	Beneficiary satisfaction:			<ul style="list-style-type: none"> <li>Review monitoring activities in 7b, 1-3</li> </ul>
	1) Annual survey of beneficiary satisfaction?			
	2) Annual evaluation of beneficiary grievances and fair hearings?			
	3) Annual review of requests for changing persons providing services?			
7c.	When required, a Latino access study has been implemented or completed?			<ul style="list-style-type: none"> <li>Study should be completed or in the process of implementing a Latino access study</li> </ul>
	<i>CCR, Title 9, Chapter 11, Section 1810.440; DMH Information Notice No. 02-03, page 15; MHP Contract with DMH, Exhibit A, Attachment 1.</i>			<b><u>OUT OF COMPLIANCE</u></b> : NFP; not following contract; no work plan; not following work plan; no evidence of monitoring activities in 7a-c

# **SECTION I      QUALITY IMPROVEMENT PROGRAM**

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8.	Has the MHP developed a process to certify or otherwise provide culturally competent services as evidenced by:			
8a.	A process to evaluate the competencies of staff in providing culturally and linguistically competent services?			
8b.	A process to assess staff training needs and provide the necessary training in evaluation, diagnosis, treatment, and referral services for the multicultural groups in their service area?			
8c.	Implementation of training programs to improve the cultural competence skills of MHP staff and contract providers?  <i>CCR, Title 9, Chapter 11, Section 1810.410(a); DMH Information Notice No. 02-03, page 18.</i>			<p><u>NOTE:</u> Process need not be completed</p> <ul style="list-style-type: none"> <li>• Is the MHP following its CCP?</li> <li>• Describe the process</li> </ul> <p><u>OUT OF COMPLIANCE:</u> NFP; evidence that the MHP is not working on a process for 8a-c</p>
9.	Has the MHP implemented training programs to certify or otherwise assure the demonstrated ability of bi-lingual staff or interpreter services in the following areas:			<ul style="list-style-type: none"> <li>• As time permits, interview staff with assigned responsibility (Contact MHP in advance to make arrangements)</li> <li>• Have the MHP describe the training program(s)</li> </ul>
9a.	The ability to communicate ideas, concerns, and rationales, in addition to the translation of the words used by both the provider and the consumer?			
9b.	The familiarity with the beneficiary's culture, degree of proficiency in the beneficiary's spoken, and non-verbal communication?			
9c.	The familiarity with variant beliefs concerning mental illness in different cultures?			

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9d.	Knowledge of the mental health field?  <i>CCR, Title 9, Chapter 11, Section 1810.410(a); DMH Information Notice No. 02-03, Page 18..</i>			<b><u>OUT OF COMPLIANCE:</u></b> NFP; no training program in place
10.	Has the MHP implemented a plan to facilitate the ease with which culturally and linguistically diverse populations can obtain services:			<ul style="list-style-type: none"> <li>Review plans for these areas 10a-e</li> </ul> <p><u>NOTE:</u> Are the plans being implemented? <u>NOTE:</u> Look for activities/evidence in the areas identified in the plan</p>
10a.	Location, transportation, hours of operation, or other relevant areas?			
10b.	Adapting physical facilities to be comfortable and inviting?			
10c.	Locating facilities in settings that are non-threatening, including co-location of services and/or partnerships with community groups?			
10d.	Is there a study or analysis of the above factors?			<ul style="list-style-type: none"> <li>Review study or analysis for the above areas</li> </ul>
10e.	Has the MHP adjusted its plan based on the findings of the study or analysis and implemented the modified plan?  <i>CCR, Title 9, Chapter 11, Section 1810.410(a); DMH Information Notice No. 02-03, Page 16.</i>			<b><u>OUT OF COMPLIANCE:</u></b> NFP; no study and analysis of these factors
11.	Regarding penetration and retention rates, <b>does the MHP:</b>			<u>NOTE:</u> How current is the information?
11a.	Track penetration and retention rates by ethnic groups?			<ul style="list-style-type: none"> <li>Review the system used to track utilization rates</li> <li>Review tracking of rates covered in 11a</li> </ul>



# **SECTION I      QUALITY IMPROVEMENT PROGRAM**

## **CRITERIA**

## **IN COMPLIANCE Y   N**

## **INSTRUCTIONS TO REVIEWERS COMMENTS**

11b.	Compare these rates across ethnic groups?			<ul style="list-style-type: none"> <li>Review the system used to track utilization rates</li> <li>Review tracking of rates covered in 11b</li> </ul>
11c.	Compare these rates by ethnic groups to the total Medi-Cal beneficiary population?			<ul style="list-style-type: none"> <li>Review the system used to track utilization rates</li> <li>Review tracking of rates covered in 11c</li> </ul>
11d.	Analyze these rates for each ethnic group by factors including age, diagnosis, gender, and primary language of Medi-Cal mental health consumers to identify potential problem areas?			<ul style="list-style-type: none"> <li>Review the system used to track utilization rates</li> <li>Review tracking of rates covered in 11d</li> </ul>
11e.	Establish a “percent improvement” for penetration and retention rates of ethnic groups with low penetration and retention rates?			<ul style="list-style-type: none"> <li>Review the system used to track utilization rates</li> <li>Review tracking of rates covered in 11e</li> </ul>
11f.	Take specific actions to meet the “percent improvement” above?  <i>CCR, Title 9, Chapter 11, Section 1810.410(a); DMH Information Notice No. 02-03, pages 19-20.</i>			<ul style="list-style-type: none"> <li>Review the system used to track utilization rates</li> <li>Review tracking of rates covered in 11f</li> </ul> <p><b><u>OUT OF COMPLIANCE:</u></b> NFP; no tracking system in place</p>
12.	Regarding training on client culture:			<ul style="list-style-type: none"> <li>As time permits, interview staff with assigned responsibility (Contact MHP in advance to make arrangements)</li> </ul>
12a.	Is there evidence of annual training on client culture that includes a client’s personal experience?			<ul style="list-style-type: none"> <li>Review CCP</li> </ul>
12b.	Does the training plan also include, for children and adolescents, the parent and/or caretaker's personal experiences?  <i>CCR, Title 9, Chapter 11, Section 1810.410(a); DMH Information Notice No. 02-03, page 19.</i>			<ul style="list-style-type: none"> <li>Review DMH Information Notice 02-03</li> </ul> <p><b><u>OUT OF COMPLIANCE:</u></b> NFP; no annual training</p>

**SECTION J****CHART REVIEW—NON-HOSPITAL SERVICES****IN COMPLIANCE****INSTRUCTIONS TO REVIEWERS****CRITERIA****Y N****COMMENTS**

1.	Does the beneficiary meet all three of the following reimbursement criteria (1a., 1b., and 1c. below):			<u>NOTE</u> : Promote peer reviewer participation in review of some charts
1a.	The beneficiary has a DSM IV diagnosis contained in the CCR, Title 9, Chapter 11, Section 1830.205(b)(1)(A-R)?			<ul style="list-style-type: none"><li>Review assessment(s), evaluation(s), and/or other documentation to support 1a, 1b, and 1c</li><li>Is the beneficiary's diagnosis among the list of diagnoses in Section 1830.205(b)?</li></ul>
1b.	<p>The beneficiary, as a result of a mental disorder listed in 1a, must have, at least, one of the following criteria (1, 2, or 3 below):</p> <p>1) A significant impairment in an important area of life functioning?</p> <p>2) A probability of significant deterioration in an important area of life functioning?</p> <p>3) A probability that the child will not progress developmentally as individually appropriate?</p>			<ul style="list-style-type: none"><li>Determine which condition(s) (1, 2, and/or 3) is the focus of treatment</li></ul> <p><u>NOTE</u>: Definitions of "significant" at the discretion of the MHP</p> <p><u>NOTE</u>: Definitions of "probability" at the discretion of the MHP</p>
1c.	<p>Must meet each of the intervention criteria listed below (4 and 5):</p> <p>4) The focus of the proposed intervention is to address the condition identified in no. 1b. above?</p>			<ul style="list-style-type: none"><li>Does the proposed intervention(s) focus on the condition(s) identified in no. 1b?</li></ul>

**SECTION J****CHART REVIEW—NON-HOSPITAL SERVICES****IN COMPLIANCE****INSTRUCTIONS TO REVIEWERS****CRITERIA****Y N****COMMENTS**

	<p>5) The expectation is that the proposed intervention will do, at least, one of the following (A, B, or C):</p> <p>A) Significantly diminish the impairment?</p> <p>B) Prevent significant deterioration in an important area of life functioning?</p> <p>C) Allow the child to progress developmentally as individually appropriate?</p> <p><u>CCR, Title 9, Chapter 11, Section 1830.205(b).</u></p>		<ul style="list-style-type: none"><li>• Can a connection be identified between the proposed intervention and the following:<ul style="list-style-type: none"><li>• Diminishing the impairment?</li><li>• Preventing a significant deterioration?</li><li>• Allowing a child to progress developmentally as individually appropriate?</li></ul></li></ul> <p><u>NOTE:</u> For beneficiaries eligible for EPSDT services, see eligibility under no. 2 below, if necessary</p> <p><u>OUT OF COMPLIANCE:</u> Criteria 1a and 1b not supported by documentation; criteria 1c not established</p>
2.	<p>Do beneficiaries under 21 years of age who do not meet the medical necessity criteria of no. 1b. and/or no. 1c. above meet the medical necessity criteria per EPSDT (<u>CCR, Title 22, Section 51340[e](3)</u>) eligibility when specialty mental health services are needed to correct or ameliorate a defect, mental illness, or condition?</p> <p><u>CCR, Title 9, Chapter 11, Section 1830.210(a).</u></p>		<p><u>NOTE:</u> N/A if not EPSDT eligible; or medical necessity established in no. 1 above</p> <ul style="list-style-type: none"><li>• Can a connection be made between the diagnosis in 1a and the service(s) provided?</li></ul> <p><u>OUT OF COMPLIANCE:</u> No connection can be made between the diagnosis and the service(s) provided; no evidence that services are needed to correct or ameliorate a defect, mental illness, or condition</p>

**SECTION J****CHART REVIEW—NON-HOSPITAL SERVICES****IN COMPLIANCE****INSTRUCTIONS TO REVIEWERS****CRITERIA****Y N****COMMENTS**

RE: ASSESSMENT

3.	<p>Has an assessment been completed and, as appropriate, does it contain areas addressed in the MHP contract with the DMH?</p> <p><u>CCR, Title 9, Chapter 11, Section 1810.204;</u> <u>MHP Contract with DMH, Exhibit A, Attachment 1,</u> <u>Appendix C.</u></p>			<p><u>NOTE:</u> Assessment information need not be in a specific document or section of the chart</p> <ul style="list-style-type: none"><li>• Review assessment(s), evaluation(s), and/or other documentation to support 1a, 1b, and 1c</li><li>• Does the assessment(s) include the appropriate elements? These elements may include the following:<ul style="list-style-type: none"><li>• Physical health conditions reported by the client are prominently identified and updated</li><li>• Presenting problems and relevant conditions affecting physical and mental health status: i.e., living situation, daily activities, social support</li><li>• Client strengths in achieving client plan goals</li><li>• Special status situations and risks to client or others</li><li>• Medications, dosages, dates of initial prescription and refills, informed consent</li><li>• Allergies and adverse reactions, or lack of allergies/sensitivities</li><li>• Mental health history, previous treatment dates, providers, therapeutic interventions and responses, sources of clinical data, relevant family information, lab tests, consultation reports</li><li>• For children and adolescents, pre-natal and perinatal events, and complete developmental history</li><li>• Past and present use of tobacco, alcohol, and caffeine, as well as illicit, prescribed, and over-the-counter drugs</li></ul></li></ul> <p><u>OUT OF COMPLIANCE:</u> NFP; no assessment has been completed</p>
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**SECTION J****CHART REVIEW—NON-HOSPITAL SERVICES****IN COMPLIANCE****INSTRUCTIONS TO REVIEWERS****CRITERIA****Y N****COMMENTS**

RE: CLIENT PLAN

4.	Does the client's plan contain the following elements:			
4a.	Specific, observable, or quantifiable goals?			<ul style="list-style-type: none"><li>• Review the client plan</li></ul>
4b.	The proposed type(s) of intervention?			<ul style="list-style-type: none"><li>• Look for type(s) of interventions</li></ul>
4c.	The proposed duration of the intervention(s)?			<ul style="list-style-type: none"><li>• Look for duration of intervention(s)</li></ul>
4d.	Writing that is legible?			
4e.	A signature (or electronic equivalent) of, at least, one of the following:  1) A person providing the services(s)? 2) A person representing the MHP providing services? 3) When the plan is used to establish that services are provided under the direction of an approved category of staff, and if the above staff are not of the approved categories, one of the following must sign:  A. A physician? B. A licensed/waivered psychologist? C. A licensed/registered/waivered social worker? D. A licensed/registered/waivered marriage and family therapist? E. A registered nurse?			<ul style="list-style-type: none"><li>• If necessary, ask for a list of staff, staff signatures, and staff licenses</li></ul>

**SECTION J****CHART REVIEW—NON-HOSPITAL SERVICES****IN COMPLIANCE****INSTRUCTIONS TO REVIEWERS****CRITERIA****Y N****COMMENTS**

4f.	<p>Documentation of the client's degree of participation and agreement with the client plan as evidenced by one of the following:</p> <p>1) When the client is a long-term client, as defined by the MHP, and the client is receiving more than one type of service from the MHP, the client's signature, or an explanation of why the signature could not be obtained, is documented on the plan?</p> <p>2) When the client is not a long-term beneficiary, examples of documentation include, but are not limited to, reference to the client's participation and agreement in the body of the plan, the client signature on the plan, or a description of the client's participation and agreement in the progress notes?</p> <p><i>CCR, Title 9, Chapter 11, Sections 1840.314 and 1810.440(c); MHP Contract with DMH, Exhibit A, Attachment 1, Appendix C; DMH Policy Letter No. 99-03.</i></p>			<ul style="list-style-type: none"><li>• Does the chart contain documentation of the client's degree of participation and agreement with the plan?</li><li>• Describe how the MHP defines "long-term client"</li><li>• Is the client a long-term client?</li><li>• Is the client receiving more than one type of service?</li><li>• Is there a client signature or explanation of why the signature could not be obtained documented on the plan?</li><li>• Is there reference to the client's participation and agreement in the body of the plan?<ul style="list-style-type: none"><li>• or, is there a client signature on the plan?</li><li>• or, is there a description of the client's participation and agreement in the progress notes?</li></ul></li></ul> <p><b><u>OUT OF COMPLIANCE:</u></b> NFP; no client plan has been completed; complete absence of 4a, 4b, and 4c; writing that is illegible; absence of signature for 4e or 4f</p>
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**RE: PROGRESS NOTES**

5.	Do progress notes document the following:			<ul style="list-style-type: none"><li>• Review progress notes</li></ul>
5a.	The date services were provided?			
5b.	Client encounters, including clinical decisions and interventions?			

**SECTION J**      **CHART REVIEW—NON-HOSPITAL SERVICES**

**IN COMPLIANCE**

**INSTRUCTIONS TO REVIEWERS**

**CRITERIA**

**Y   N**

**COMMENTS**

5c.	A signature (or electronic equivalent) of the staff providing the service with professional degree, license, or job title?			
5d.	Writing that is legible?			
5e.	<p>Timeliness/frequency as following:</p> <p>1) Every service contact for:</p> <p>    A. Mental health services?</p> <p>    B. Medication support services?</p> <p>    C. Crisis intervention?</p> <p>2) Daily for:</p> <p>    A. Crisis residential?</p> <p>    B. Crisis stabilization (one per 23/hour period)?</p> <p>3) Weekly for:</p> <p>    A. Day treatment intensive?</p> <p>    B. Day rehabilitation?</p> <p>    C. Adult residential?</p> <p>4) Other notes as following:</p> <p>    A) Psychiatric health facility services: each shift?</p> <p>    B) Targeted case management: every service contact, daily, or weekly summary?</p> <p><u>CCR, Title 9, Chapter 11, Section 1810.440(c);</u>  <u>MHP Contract with DMH, Exhibit A, Attachment 1,</u>  <u>Appendix C; DMH Policy Letter No. 99-03.</u></p>			<p><b><u>OUT OF COMPLIANCE:</u></b> NFP; progress notes within the review period do not contain these elements</p>

**SECTION J****CHART REVIEW—NON-HOSPITAL SERVICES****IN COMPLIANCE****INSTRUCTIONS TO REVIEWERS****CRITERIA****Y N****COMMENTS****RE: OTHER CHART DOCUMENTATION**

6.	Is there a process to notify the beneficiary that a copy of the client plan is available upon request?  <i>CCR, Title 9, Chapter 11, Section 1810.110(a); MHP Contract with DMH, Exhibit A, Attachment 1, Appendix C.</i>			<ul style="list-style-type: none"> <li>Describe the procedure for obtaining client plan.</li> </ul> <p><b><u>OUT OF COMPLIANCE:</u></b> NFP; no process in place</p>
7.	When applicable, was information provided to beneficiaries with visual and hearing impairments?  <i>CCR, Title 9, Chapter 11, Section 1810.110(a); DMH Information Notice No. 97-06, D, 5; W&amp;IC Sections 5600.2(e) and 5614(b)(5).</i>			<ul style="list-style-type: none"> <li>Evidence that beneficiaries with visual and/or hearing impairment were provided with information?</li> </ul> <p><b><u>OUT OF COMPLIANCE:</u></b> NFP; no evidence that beneficiaries with visual and/or hearing impairment were provided with information based on MHP's IP or policy</p>
8.	Regarding cultural/linguistic services:			<b><u>NOTE:</u></b> Coordinate findings with DMH system review process
8a.	Is there any evidence that mental health interpreter services are offered?			<ul style="list-style-type: none"> <li>Review CCP and charts</li> </ul> <p><b><u>NOTE:</u></b> If beneficiary Limited English Proficiency (LEP), review for interpretive services offered</p> <ul style="list-style-type: none"> <li>Is there evidence beneficiaries are made aware of services available in their primary language?</li> <li>When families provide interpreter services, is there documentation that other linguistic services were offered first, but the client preferred to provide a family interpreter?</li> </ul>
8b.	When applicable, is there documentation of linking beneficiaries to culture-specific and/or linguistic services as described in the MHP's CCP?			
8c.	Is service-related personal correspondence in the client's preferred language?  <i>CCR, Title 9, Chapter 11, Sections 1810.410(a) and (d)(2); DMH Information Notice No. 02-03, Pages 13-15.</i>			<b><u>OUT OF COMPLIANCE:</u></b> NFP; no evidence of 8a-c



**SECTION K CHART REVIEW—SD/MC HOSPITAL SERVICES****IN COMPLIANCE****INSTRUCTIONS TO REVIEWERS****CRITERIA****Y N****COMMENTS****RE: MEDICAL NECESSITY**

1.	Does the beneficiary's admission to a psychiatric inpatient hospital meet both of the following admission reimbursement criteria (1a. and 1b. below):			<b>NOTE:</b> Use "Admission Summary Worksheet" and "Disallowance Summary Worksheet" <ul style="list-style-type: none"> <li>Review medical record documentation</li> </ul>
1a.	The beneficiary has a DSM IV diagnosis contained in the CCR, Title 9, Chapter 11, Section 1820.205(a)(1)(A-R)?			<ul style="list-style-type: none"> <li>Is the diagnosis listed in the regulations?</li> </ul>
1b.	The beneficiary requires psychiatric inpatient hospital services, as a result of a mental disorder, due to, at least, one of the following indications (the beneficiary must meet either 2 a-d. or 3 a-c)?  <i>CCR, Title 9, Chapter 11, Section 1820.205(a)(1); MHP Contract with DMH.</i>			<b>NOTE:</b> Use "Admission Summary Worksheet" and "Disallowance Summary Worksheet" <ul style="list-style-type: none"> <li>Review medical record documentation</li> </ul> <b>OUT OF COMPLIANCE:</b> Beneficiary does not have an admission diagnosis contained in Section 1820.205
2.	Does the beneficiary have symptoms or behaviors of one of the following (2a-d):			<ul style="list-style-type: none"> <li>Review medical record documentation</li> </ul>
2a.	Represent a current danger to self or others, or to significant property destruction?			
2b.	Prevent the beneficiary from providing for, or utilizing food, clothing, or shelter?			
2c.	Present a severe risk to the beneficiary's physical health?			
2d.	Recent significant deterioration in ability to function?			
	<i>CCR, Title 9, Chapter 11, Section 1820.205(a)(2)(B)1 a, b, c and d; MHP Contract with DMH.</i>			<b>OUT OF COMPLIANCE:</b> Documentation does not support medical necessity criteria

**SECTION K**      **CHART REVIEW—SD/MC HOSPITAL SERVICES**

**IN COMPLIANCE**  
**Y   N**

**INSTRUCTIONS TO REVIEWERS**  
**COMMENTS**

**CRITERIA**

3.	Does the beneficiary require treatment and/or observation for, at least, one of the following (3a., 3b., or 3c.):			<p><u>NOTE:</u> Use “Admission Summary Worksheet” and “Disallowance Summary Worksheet”</p> <ul style="list-style-type: none"> <li>Review medical record documentation</li> </ul>
3a.	Further psychiatric evaluation?			
3b.	Medication treatment?			
3c.	Specialized treatment?			
	<i>CCR, Title 9, Chapter 11, Section 1820.205(a)(2)(B) 2a-c; MHP Contract with DMH.</i>			<p><b><u>OUT OF COMPLIANCE:</u></b> Documentation does not support medical necessity criteria</p>
4.	Does the beneficiary’s continued stay in a psychiatric inpatient hospital meet one of the following reimbursement criteria (4a-d):			<p><u>NOTE:</u> Use “Continued Stay Summary Worksheet” and “Disallowance Summary Worksheet”</p> <ul style="list-style-type: none"> <li>Review medical record documentation</li> </ul>
4a.	Continued presence of indications which meet the medical necessity criteria specified in items 1., 2., and 3. above?			
4b.	Serious adverse reaction to medications, procedures, or therapies requiring continued hospitalization?			<ul style="list-style-type: none"> <li>Daily note that describes severity of symptoms, behaviors, function and risk</li> </ul>
4c.	Presence of new indications which meet medical necessity criteria specified in items 1., 2., and 3. above?			<ul style="list-style-type: none"> <li>Review UR notes or other documentation for lack of availability to support</li> </ul>
4d.	Need for continued medical evaluation or treatment that can only be provided if the beneficiary remains in a psychiatric inpatient hospital?			
	<i>CCR, Title 9, Chapter 11, Section 1820.205(b)(1), (2), (3), and (4); MHP Contract with DMH.</i>			<p><b><u>OUT OF COMPLIANCE:</u></b> Documentation does not support medical necessity criteria</p>

**SECTION K****CHART REVIEW—SD/MC HOSPITAL SERVICES****IN COMPLIANCE****INSTRUCTIONS TO REVIEWERS****CRITERIA****Y N****COMMENTS****RE: QUALITY OF CARE**

5.	Regarding culturally competent services:			<b>NOTE:</b> If beneficiary is LEP, review for interpretive services offered
5a.	Is there any evidence that mental health interpreter services are offered?			<ul style="list-style-type: none"><li>• Review medical record documentation</li><li>• Review inpatient implementation plan (may be in specialty mental health services implementation plan)</li><li>• MHP's implementation plan as authority</li><li>• When families provide interpreter services, is there documentation that other linguistic services were offered first, but the client preferred to provide a family interpreter?</li></ul>
5b.	When applicable, is there documentation of the response to offers of interpreter services as described in the MHP's cultural competency plan?  <i>CCR, Title 9, Chapter 11, Section 1810.410(a); DMH Information Notice No. 02-03, Page 13.</i>			<b>OUT OF COMPLIANCE:</b> NFP; documentation does not indicate that mental health interpreter services are offered; the response not documented
6.	Does the record documentation reflect staff efforts for screening, referral, and coordination with other necessary services, including, but not limited to, substance abuse, educational, health, housing, vocational rehabilitation services as well as with Regional Center?  <i>CCR, Title 9, Chapter 11, Section 1810.310(a)(2)(A); W&amp;IC Section 4696.1.</i>			<b>NOTE:</b> Use "Admission Summary Worksheet" and "Continued Stay Summary Worksheet"  <ul style="list-style-type: none"><li>• Review medical record documentation</li><li>• Review MHP inpatient implementation plan</li></ul> <b>OUT OF COMPLIANCE:</b> NFP; documentation does not reflect staff efforts for screening, referral, and coordination with other necessary services

**SECTION K**      **CHART REVIEW—SD/MC HOSPITAL SERVICES****IN COMPLIANCE**  
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**COMMENTS****CRITERIA**

7.	Are services delivered by licensed staff within their own scope of practice?  <i>W&amp;IC Section 5778 (n).</i>			<b><u>OUT OF COMPLIANCE</u></b> : Evidence that staff are delivering services outside their scope of practice
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**RE: PLAN OF CARE**

8.	Does the beneficiary have a written plan of care that includes the following elements:			<b><u>NOTE</u></b> : Use "Admission Summary Worksheet" <ul style="list-style-type: none"><li>• Review medical record documentation</li><li>• Review MHP inpatient implementation plan</li></ul>
8a.	Diagnoses, complaints, and complications indicating the need for admission?			
8b.	A description of the functional level of the beneficiary?			
8c.	Objectives?			
8d.	Any orders for: <ul style="list-style-type: none"><li>1) Medications?</li><li>2) Treatments?</li><li>3) Restorative and rehabilitative services?</li><li>4) Activities?</li><li>5) Therapies?</li><li>6) Social services?</li><li>7) Diet?</li><li>8) Special procedures recommended for the health and safety of the beneficiary?</li></ul>			
8e.	Plans for continuing care?			

**SECTION K CHART REVIEW—SD/MC HOSPITAL SERVICES****IN COMPLIANCE****INSTRUCTIONS TO REVIEWERS****CRITERIA****Y N****COMMENTS**

8f.	Plans for discharge?			
8g.	Documentation of the beneficiary's degree of participation in and agreement with the plan?			<p><u>NOTE</u>: Parents, family members, and other advocates can be included in this process as selected by the adult client</p> <ul style="list-style-type: none"> <li>• Look for client's signature or statement describing client participation</li> <li>•</li> </ul>
8h.	<p>Documentation of the physician's establishment of this plan?</p> <p><i>CFR, Title 42, Subchapter C, Subpart D, Sections 456.180; CCR, Title 9, Chapter 11, Section 1820.210; DMH Contract with the MHP, Exhibit A, Attachment 1, Appendix C.; DMH Information Notice 02-03, page 17.</i></p>			<ul style="list-style-type: none"> <li>• Look for physician's signature</li> </ul> <p><b><u>OUT OF COMPLIANCE</u></b>: Required elements are not documented</p>
9.	When applicable:			
9a.	Is there evidence the MHP provided information to beneficiaries with visual and hearing impairments?			<ul style="list-style-type: none"> <li>• Evidence that beneficiaries with visual and/or hearing impairment were provided with information?</li> </ul>
9b.	<p>Is service-related personal correspondence in the client's preferred language?</p> <p><i>CCR, Title 9, Chapter 11, Section 1810.110(a); DMH Information Notice Nos. 97-06, D, 5 and 02-03, pages 14-15; W&amp;IC Sections 5600.2(e) and 5614(b)(5).</i></p>			<p><b><u>OUT OF COMPLIANCE</u></b>: No evidence that beneficiaries with visual and/or hearing impairment were provided with information based on MHP's IP or policy; correspondence not in client's primary language</p>

# SECTION L UTILIZATION REVIEW--SD/MC HOSPITAL SERVICES

IN COMPLIANCE  
Y N

INSTRUCTIONS TO REVIEWERS  
COMMENTS

## CRITERIA

1.	Does the Utilization Review (UR) Plan:			<ul style="list-style-type: none"> <li>Review IP, MHP UR Plan, and URC minutes</li> </ul>
1a.	Provide for a committee to perform UR?			<ul style="list-style-type: none"> <li>Identify URC members</li> <li>Look at licenses of members</li> </ul>
1b.	Describe the organization, composition, and functions of the committee?			
1c.	Specify the frequency of the committee meetings?  <i>CFR, Title 42, Subchapter C, Subpart D, Sections 456.201–205; CCR, Title 9, Chapter 11, Section 1820.210</i>			<ul style="list-style-type: none"> <li>Are URC meetings held at the frequency specified?</li> </ul> <p><b>OUT OF COMPLIANCE:</b> UR Plan does not provide a committee to perform UR; URC does not describe the organization, composition, and functions; URC meetings not held according to stated frequency; URC does not have two physicians</p>
2.	Does the UR plan provide that each recipient's record (UR) contain, at least, the required information:			<ul style="list-style-type: none"> <li>Do UR records include all of the required information?</li> </ul>
2a.	Identification of the recipient?			
2b.	The name of the recipient's physician?			
2c.	The date of admission?			
2d.	The plan of care required under CFR 456.180?			
2e.	Initial and subsequent continued stay review dates described under CFR 456.233 and 456.234			
2f.	Reasons and plan for continued stay, if the attending physician believes continued stay is necessary?			
2g.	Other supporting material that the committee believes appropriate to be included in the record? <i>CFR, Title 42, Subchapter C, Subpart D, Sections 456.211(a-g); CCR, Title 9, Chapter 11, Section 1820.210.</i>			<p><b>OUT OF COMPLIANCE:</b> UR records do not include all of the required information; the UR plan does not include all of the required review elements.</p>

**SECTION L****UTILIZATION REVIEW--SD/MC HOSPITAL SERVICES****IN COMPLIANCE****INSTRUCTIONS TO REVIEWERS****CRITERIA****Y N****COMMENTS**

3.	Does the UR plan provide for a review of each recipient's continued stay in the mental hospital to decide whether it is needed and does it include the following:			<ul style="list-style-type: none"> <li>Does the UR plan include all of the required review elements?</li> <li>Is there evidence on the UR worksheets that shows the UR plan is followed in practice?</li> </ul>
3a.	Determination of need for continued stay?			<ul style="list-style-type: none"> <li>Is the documentation of the determination of need for continued stay required?</li> </ul>
3b.	Evaluation criteria for continued stay?			<ul style="list-style-type: none"> <li>Is the evaluation criteria documented?</li> </ul>
3c.	Initial continued stay review date?			<ul style="list-style-type: none"> <li>Are the dates written?</li> </ul>
3d.	Subsequent continued stay review dates?			
3e.	Description of methods and criteria for continued stay review dates; length of stay modification?			<ul style="list-style-type: none"> <li>Are the methods and criteria for documentation described?</li> <li>Do the methods include a description of how the length of stay may be modified?</li> </ul>
3f.	Continued stay review process?			<ul style="list-style-type: none"> <li>Is the continued stay review process documented?</li> </ul>
3g.	Notification of adverse decision?			<ul style="list-style-type: none"> <li>Is the notification of adverse decision documented?</li> </ul>
3h.	Time limits for final decision and notification of adverse decision?  <i>CFR, Title 42, Subchapter C, Subpart D, Sections 456.231-238; CCR, Title 9, Chapter 11, Section 1820.210.</i>			<ul style="list-style-type: none"> <li>Are time limits for final decisions adhered to?</li> </ul> <p><b><u>OUT OF COMPLIANCE:</u></b> UR plan does not include all of the required elements; not following plan</p>
4.	Is the UR Plan in compliance with each of the following:			<ul style="list-style-type: none"> <li>Review IP, MHP UR Plan, URC minutes, URC records, and URC reports</li> </ul>

**SECTION L****UTILIZATION REVIEW--SD/MC HOSPITAL SERVICES****IN COMPLIANCE****INSTRUCTIONS TO REVIEWERS****CRITERIA****Y N****COMMENTS**

4a.	Contains a description of the types of records that are kept by the UR committee?			<ul style="list-style-type: none"> <li>Are all the types of records described by the UR Plan kept by the URC?</li> <li>Do the records contain all the required elements?</li> </ul>
4b.	Contains a description of the types and frequency of the URC reports and the arrangements for distribution to individuals?			<ul style="list-style-type: none"> <li>Are the URC reports of the types and frequency specified in the UR plan?</li> <li>Is there evidence of arrangements for distribution to individuals?</li> </ul>
4c.	Provides for the beneficiary's confidentiality in all records and reports?  <i>CFR, Title 42, Subchapter C, Subpart D, Sections 456.212-213 and 456.232; CCR, Title 9, Chapter 11, Section 1820.210.</i>			<ul style="list-style-type: none"> <li>Review records to ensure compliance with confidentiality requirements</li> </ul> <p><b>OUT OF COMPLIANCE:</b> NFP; incomplete records; reports not distributed; lack of confidentiality protections; medical care criteria does not assess need for continued stay</p>
5.	Does the URC include anyone who is directly responsible for the care of the beneficiary whose care is being viewed?  <i>CFR, Title 42, Subchapter D, Section 456.206; CCR, Title 9, Chapter 11, Section 1820.210.</i>			<ul style="list-style-type: none"> <li>Review UR records, URC minutes, and medical records</li> <li>Identify care providers on URC and who is responsible for care of beneficiary</li> </ul> <p><b>OUT OF COMPLIANCE:</b> Care providers of beneficiary are present when URC reviews care; no backup replacement to URC to maintain required composition</p>
6.	Regarding the authorization process:			
6a.	If no POA is involved in the authorization process, has the URC or its designee approved or denied the initial MHP payment authorization no later than the third working day from the day of admission?			<p><b>NOTE:</b> Use "Admission Summary Worksheet" and "Continued Stay Worksheet"</p> <ul style="list-style-type: none"> <li>Review UR records, URC minutes, UR reports, medical records, and denials</li> </ul>
6b.	If the MHP uses a POA process, has the POA approved or denied the payment authorization request within 14 calendar days of receipt of the request?			



**SECTION L****UTILIZATION REVIEW--SD/MC HOSPITAL SERVICES****IN COMPLIANCE****INSTRUCTIONS TO REVIEWERS****CRITERIA****Y N****COMMENTS**

	<i>CCR, Title 9, Chapter 11, Sections 1820.220(h) and 1820.230(b).</i>			<p><b><u>5a. URC) OUT OF COMPLIANCE:</u></b> URC or designee approved or denied the initial MHP payment authorization later than the third working day from the day of admission</p> <p><b><u>5b. POA) OUT OF COMPLIANCE:</u></b> POA did not approve or deny the payment authorization within 14 calendar days of receipt of the request</p>
7.	<p>If a hospital's URC authorizes payment, at the time of the initial MHP authorization for payment, did the hospital's URC or its designee specify the date for the subsequent MHP payment authorization determination?</p> <p><i>CCR, Title 9, Chapter 11, Section 1820.230(c).</i></p>			<p><b><u>NOTE:</u></b> Use "Admission Summary Worksheet" and "Continued Stay Worksheet"</p> <ul style="list-style-type: none"> <li>Review UR records, URC minutes, UR reports, medical records, and denials</li> </ul> <p><b><u>OUT OF COMPLIANCE:</u></b> URC or designee did not specify the date for the subsequent MHP payment authorization determination</p>
8.	Did the URC or its designee, or POA authorize payment for administrative day services only when both of the following criteria (8a. & 8b.) have been met:			<p><b><u>NOTE:</u></b> Use "Admission Summary Worksheet" and "Continued Stay Worksheet"</p>
8a.	During the hospital stay, the beneficiary previously met medical necessity criteria for acute psychiatric inpatient hospital services?			<ul style="list-style-type: none"> <li>Review UR records, POA records, URC minutes, UR reports, medical records, denials, and list of all non-acute placement facilities utilized by the facility</li> </ul>
8b.	<p>There is no appropriate, non-acute treatment facility available and the facility has documented its minimum number of appropriate contacts:</p> <p>1) The status of the placement option?</p>			<ul style="list-style-type: none"> <li>If less than five contacts were made per week, look for written justification</li> <li>The MHP can waive the requirements of five contacts per week if there are fewer than five appropriate, non-acute residential treatment facilities available as placement options for the beneficiary. In no case shall there be less than one contact per week.</li> </ul>

# **SECTION L      UTILIZATION REVIEW--SD/MC HOSPITAL SERVICES**

**IN COMPLIANCE**

**INSTRUCTIONS TO REVIEWERS**

**CRITERIA**

**Y   N**

**COMMENTS**

	2) Date of the contact?			
	3) Signature of the person making the contact?			
	<i>CCR, Title 9, Chapter 11, Sections 1820.230(d)(2)(A)&amp;(B) and 1820.220(j)(5)(A)&amp;(B).</i>			<b><u>OUT OF COMPLIANCE:</u></b> URC or designee authorized payment for administrative day services for a beneficiary that had not previously met medical necessity criteria as required; there is no appropriate, non-acute treatment facility available and the facility has not documented its minimum number of appropriate contacts
9.	Are persons employed or under contract to provide mental health services as physicians, psychologists, social workers, or marriage and family therapists licensed, waived, or registered with their licensing boards?			<ul style="list-style-type: none"> <li>Review licenses, waivers, and registrations</li> </ul> <b><u>OUT OF COMPLIANCE:</u></b> MHP employs or contracts with non-licensed/waivered/registered personnel to provide mental health services as physicians, psychologists, social workers, or marriage and family therapists
	<i>W&amp;IC Sections 5778(n) and 5751.2</i>			
10.	Regarding Medical Care Evaluations (MCE) or equivalent studies, does the UR plan contain the following:			<ul style="list-style-type: none"> <li>Review UR Plan</li> </ul>
10a.	A description of the methods that the Utilization Review Committee (URC) uses to select and conduct MCE or equivalent studies?			<ul style="list-style-type: none"> <li>Identify description of methods used to select and conduct MCE or equivalent studies</li> <li>What does the MHP identify as the MCE equivalent?</li> </ul>
10b.	Documentation of the results of the MCE or equivalent studies that show how the results have been used to make changes to improve the quality of care and promote the more effective and efficient use of facilities and services?			<ul style="list-style-type: none"> <li>Review current and past MCE or equivalent studies for two years and published results; URC minutes related to MCE study findings; analysis of MCE or equivalent studies; documentation of improved quality care; changes in use of facilities and services; documented actions taken to correct or investigate deficiencies or problems in the review process; and recommendations for hospital care procedures</li> </ul>

**SECTION L UTILIZATION REVIEW--SD/MC HOSPITAL SERVICES****IN COMPLIANCE****INSTRUCTIONS TO REVIEWERS****CRITERIA****Y N****COMMENTS**

10c.	Documentation that the MCE or equivalent studies have been analyzed?			
10d.	Documentation that actions have been taken to correct or investigate any deficiencies or problems in the review process and recommends more effective and efficient hospital care procedures?  <i>CFR, Title 42, Subchapter C, Subpart D, Section 456.242; CCR, Title 9, Chapter 11, Section 1820.210.</i>			<b>OUT OF COMPLIANCE:</b> NFP; plan does not contain description of URC methods; URC not using methods; or lack of documentation as required that MCE or equivalent findings are analyzed and how used for improved changes and to correct deficiencies or problems
11.	Regarding MCE or equivalent studies:			
11a.	Do the contents of the MCE or equivalent studies meet federal requirements?			<ul style="list-style-type: none"> <li>Review current and past MCE or equivalent studies for two years</li> </ul>
11b.	Has at least one MCE or equivalent study been completed each calendar year?			
11c.	Is an MCE or equivalent study in progress at all times?  <i>CFR, Title 42, Subpart D., Sections 456.243 and 456.245; CCR, Title 9, Chapter 11, Section 1820.210.</i>			<b>OUT OF COMPLIANCE:</b> MCE or equivalent studies do not meet federal regulations
12.	Does the SD/MC hospital have a beneficiary documentation and medical record system that meets the requirements of the contract between the MHP and the department and any applicable requirements of state, federal law and regulation?  <i>CCR, Title 9, Chapter 11, Section 1810.440(c).</i>			<b>OUT OF COMPLIANCE:</b> Documentation and medical record system does not meet the requirements of the contract and any applicable requirements of state, federal law and regulation

**SECTION M—THERAPEUTIC BEHAVIORAL SERVICES****IN COMPLIANCE  
Y N****INSTRUCTIONS TO REVIEWERS  
COMMENTS**

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**MUST MEET BOTH A & B BELOW)**

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**A. CERTIFIED CLASS**

1.	Is the child/youth a member of the certified classes who meets one of the following:			<b><u>NOTE:</u></b> This documentation need not be in the chart
1a.	Child/youth is placed in a group home facility of RCL 12 or above and/or locked treatment facility for the treatment of mental health needs? or			
1b.	Child/Youth is being considered by the county for placement in a facility described in 1a? or			<b><u>NOTE:</u></b> “Being considered” is defined by the county <ul style="list-style-type: none"><li>• Ask MHP how “being considered” is defined</li></ul>
1c.	Child/Youth has undergone, at least, one emergency psychiatric hospitalization related to his/her current presenting disability within the preceding 24 months? or			
1d.	Child/Youth previously received TBS while a member of the certified class?			<ul style="list-style-type: none"><li>• Review prior TBS notification or other documentation</li></ul>
<i>DMH Letter No. 99-03, pages 3-4.</i>				<b><u>OUT OF COMPLIANCE:</u></b> Beneficiary is not a member of the certified class listed in 1a-d

**SECTION M—THERAPEUTIC BEHAVIORAL SERVICES****IN COMPLIANCE  
Y N****INSTRUCTIONS TO REVIEWERS  
COMMENTS****B. NEED FOR THIS LEVEL OF SERVICES**

2.	Is there documentation that the child/youth needs TBS for the following reasons (must meet both 2a & 2b):			
2a.	<p>It is highly likely in the clinical judgment of the mental health provider that without additional short term support of TBS:</p> <ul style="list-style-type: none"><li>• The child/youth will need to be placed in a higher level of residential care, including acute care, because of changes in the child/youth's behaviors or symptoms that places a risk of removal from the home or residential placement? or</li><li>• The child/youth needs this additional support to transition to a lower level of residential placement or return to the natural home?</li></ul>			<p><u>NOTE</u>: Although the child/youth may be stable in the current placement, TBS is appropriate if a change in the behavior or symptoms is expected and TBS is needed to stabilize the child in the new environment</p> <ul style="list-style-type: none"><li>• Look for documentation in the chart that a change in the behavior or symptoms is expected or causing the placement to be in jeopardy</li></ul>
2b.	<p>The child/youth is receiving other specialty mental health services?</p> <p><i>DMH Letter No. 99-03, page 4.</i></p>			<p><u>OUT OF COMPLIANCE</u>: Beneficiary does not meet both 2a and 2b criteria</p>

**SECTION M—THERAPEUTIC BEHAVIORAL SERVICES****IN COMPLIANCE****INSTRUCTIONS TO REVIEWERS****CRITERIA****Y N****COMMENTS****C. TBS TREATMENT/CLIENT PLAN/ORGANIZATIONAL DOCUMENT**

3.	Is there documented evidence that services are provided under the direction of a licensed practitioner of the healing arts (LPHA)?  <i>DMH Letter No. 99-03, page 5.</i>			<p><b>NOTE:</b> See DMH Letter No. 01-02 for ways direction may be provided</p> <ul style="list-style-type: none"><li>LPHA includes: Physicians, licensed/waivered psychologists, licensed/registered/waivered social workers, licensed/registered/waivered Marriage and Family Therapists, and RNs</li><li>Look for the signature or other documents that may satisfy this requirement</li></ul> <p><b>OUT OF COMPLIANCE:</b> Services are not being provided under the direction of an LPHA</p>
4.	Is the plan for TBS a component of the overall treatment/client plan?  <i>DMH Letter No. 99-03, page 6.</i>			<ul style="list-style-type: none"><li>Review treatment/client plan</li><li>If the overall treatment plan has been developed by another entity outside of the MHP's specialty mental health service provider network (i.e. private insurance provider) review evidence that the MHP is coordinating care or attempting to coordinate care with that provider as provided by the MHP. Such evidence might include a description, written or verbal, of the coordination contacts</li></ul> <p><b>OUT OF COMPLIANCE:</b> The plan for TBS is not a component of the overall treatment/client plan or, if the required specialty mental health services are provided by an entity other than the MHP, there is no evidence that the MHP is coordinating care or attempting to coordinate care with an entity outside of the MHP's specialty mental health service provider network (i.e. private insurance provider) who has responsibility for the overall treatment plan</p>

## **SECTION M—THERAPEUTIC BEHAVIORAL SERVICES**

<b>CRITERIA</b>		<b>IN COMPLIANCE Y N</b>		<b>INSTRUCTIONS TO REVIEWERS COMMENTS</b>
5.	Does the plan for TBS contain the following (must contain 5a-e):			<b><u>NOTE:</u></b> Focus on presence of elements 5a-e <ul style="list-style-type: none"> <li>Review plan for TBS</li> </ul>
5a.	Specific target behaviors or symptoms that are jeopardizing the current place of residence or presenting a barrier to transitions, e.g., temper tantrums, property destruction, assaultive behavior in school?			
5b.	Specific interventions to resolve behaviors or symptoms, such as anger management techniques?			
5c.	Specific outcome measures that can be used to demonstrate that the frequency of targeted behaviors has declined and has been replaced by adaptive behaviors?			
5d.	A transition plan from the inception of TBS to decrease or discontinue TBS when these services are no longer needed or when the need to continue TBS appears to have reached a plateau in benefit effectiveness?			<ul style="list-style-type: none"> <li>Review the plan for TBS for evidence in the initial treatment plan of a timeline for reviewing the partial or complete attainment of behavioral benchmarks</li> </ul>
5e.	The manner for assisting parents/caregivers with skills and strategies to provide continuity of care when the service is discontinued?			<ul style="list-style-type: none"> <li>Review the plan for TBS for evidence in the initial treatment plan that describes how parents/caregivers will be assisted with skills and strategies to provide continuity of care when the service is discontinued or a timeline for developing how parents/caregivers will be assisted</li> </ul>
	<i>DMH Letter No. 99-03, page 6.</i>			<b><u>OUT OF COMPLIANCE:</u></b> No plan for TBS; plan for TBS does not contain the components 5a-e

## **SECTION M—THERAPEUTIC BEHAVIORAL SERVICES**

<b>CRITERIA</b>		<b>IN COMPLIANCE Y N</b>		<b>INSTRUCTIONS TO REVIEWERS COMMENTS</b>
6.	Is there documented evidence of a monthly review of the plan for TBS by the MHP or its designee to ensure that TBS continue to be effective for the beneficiary in making progress towards the specified measurable outcomes?  <i>DMH Letter No. 99-03, page 6.</i>			<ul style="list-style-type: none"> <li>Review documentation</li> <li>Review charts of TBS open longer than thirty days for evidence of assessment for effectiveness</li> </ul> <p><b><u>OUT OF COMPLIANCE:</u></b> No documentation of monthly review</p>
7.	Is there documented evidence that TBS is discontinued when:			<ul style="list-style-type: none"> <li>Check progress notes or other documentation</li> </ul>
7a.	The identified behavioral benchmarks have been reached? or			
7b.	Progress towards the behavioral benchmarks is not being achieved and is not expected to be achieved in the clinical judgment of the MHP/provider?  <i>DMH Letter No. 99-03, page 5.</i>			<p><b><u>OUT OF COMPLIANCE:</u></b> TBS is not discontinued when 7a or 7b applies</p>
8.	Is there documented evidence that TBS is adjusted or decreased when progress is documented?  <i>DMH Letter No. 99-03, page 5.</i>			<ul style="list-style-type: none"> <li>Check progress notes or other documentation</li> </ul> <p><b><u>OUT OF COMPLIANCE:</u></b> TBS is not decreased or adjusted when progress is documented</p>



**SECTION M—THERAPEUTIC BEHAVIORAL SERVICES****IN COMPLIANCE  
Y N****INSTRUCTIONS TO REVIEWERS  
COMMENTS****D. PROGRESS NOTES**

9.	Do progress notes document the following (must meet 9a-c):			<u>NOTE</u> : A note is required for each time period the provider spends with the child
9a.	The date/time period TBS was provided?			<u>NOTE</u> : The time of services may be a progress note by contact/shift
9b.	A signature (or electronic equivalent) of the staff providing the service with job title, and, if applicable, license or professional degree?			
9c.	Writing that is legible?  <i>CCR, Title 9, Chapter 11, Section 1810.440(c); DMH Letter No. 99-03, pages 6-7; MHP Contract with DMH, Attachment C.</i>			<b><u>OUT OF COMPLIANCE</u></b> : Progress notes for TBS are not in compliance with 9a-c

**E. SERVICE ACTIVITY**

10.	Is there documented evidence that the TBS plan and/or progress notes are focused on resolution of target behaviors or symptoms which:			<ul style="list-style-type: none"><li>Review TBS plan and progress notes</li></ul>
10a.	Jeopardize the existing placement? or			
10b.	Are a barrier to transitioning to a lower level of residential care and completion of specific treatment goals?  <i>DMH Letter No. 99-03, page 5.</i>			<b><u>OUT OF COMPLIANCE</u></b> : Evidence that the TBS plan and/or progress notes are not focused on resolution of target behaviors and symptoms which jeopardize existing placements or which are a barrier to transitioning to a lower level of care

## **SECTION M—THERAPEUTIC BEHAVIORAL SERVICES**

CRITERIA	IN COMPLIANCE Y N	INSTRUCTIONS TO REVIEWERS COMMENTS
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11.	Regarding Therapeutic Behavioral Services:			<p><u>NOTE</u>: Due ongoing to DMH</p> <p><u>NOTE</u>: Team Coordinator is to obtain listings (TBS beneficiaries and NOAs) from responsible DMH unit prior to the review and compare the DMH's listings to the MHP's listings of TBS beneficiaries and NOAs</p>
11a.	Does the MHP submit the required notification information to the DMH within 30 days of commencing TBS services to a beneficiary?			<ul style="list-style-type: none"> <li>Review MHP's list of TBS beneficiaries</li> </ul>
11b.	When applicable, has the MHP been submitting update notification(s) quarterly to DMH?			<p><u>NOTE</u>: Applicable when services exceed three months</p> <ul style="list-style-type: none"> <li>Review MHP's list of TBS beneficiaries</li> </ul>
11c.	Does the MHP submit to the DMH a copy of each TBS Notice of Action within 30 days of issuance?			<ul style="list-style-type: none"> <li>Review MHP's list of TBS NOAs</li> </ul>
11d.	Regarding certification forms, does the MHP:			<p><u>Note</u>: A certification form declares TBS was considered prior to the youth's placement in certain higher levels of care</p>
	1) Submit the certification forms to the DMH?			
	2) Maintain the forms in the county?			<p><b><u>OUT OF COMPLIANCE</u></b>: MHP not submitting notification, NOA, and certification forms to DMH as required; certification forms not maintained in the county</p>
	<i>DMH Policy Letter Nos. 99-03 and 01-03.</i>			

## **ATTACHMENT A**

## **ENFORCEMENT AND CONSEQUENCES FOR NON-COMPLIANCE/TECHNICAL ASSISTANCE & TRAINING**

In accordance with Welfare and Institutions Code Section 5614 this serves to notify the County Mental Health Plan (MHP) pursuant to CCR, Title 9, Chapter 11, Sections 1810.325, 1810.380(b), and 1810.385, that whenever the department determines that a mental health plan has failed to comply with part or any of the regulations:

1. The department may terminate its contract with an MHP by delivering written notice of termination to the MHP at least 180 calendar days prior to the proposed effective date of termination.
2. The department may impose sanctions, including, but not limited to, fines, penalties, the withholding of payments, special requirements, probationary or corrective actions, or any other actions deemed necessary to prompt and ensure contract and performance compliance. If fines are imposed by the department, they may be withheld from the state matching funds provided to a mental health plan for Medi-Cal mental health services.
3. The department may impose one or more of the civil penalties upon an MHP which fails to comply with the provisions of Part 2.5, Division 5, and Articles 4 and 5, Chapter 8.8, Part 3, Division 9, Welfare and Institutions Code, the provisions of this chapter, or the terms of the MHP's contract with the department.

The MHP may appeal, in writing:

1. A proposed contract termination to the department within 15 working days after the date of receipt of the notice of termination, setting forth relevant facts and arguments. The department shall grant or deny the appeal within 30 calendar days after receipt of the appeal. In granting an appeal, the department may take another action available under section 1810.380(b). The department's election to take another action shall not be appealable to the department. Except for terminations pursuant to section 1810.325(c), the department shall suspend the termination date until the department has acted on the MHP's appeal.
2. A Notice of Non-Compliance to the department within 15 working days after the date of receipt of the notice of termination, setting forth relevant facts and arguments. The department shall grant or deny the appeal in whole or in part within 30 calendar days after receipt of the appeal. The department shall suspend any proposed action until the department has acted on the MHP's appeal.

Following is the procedure for accessing County Operations' assistance:

The staff of the County Operations units are geographically assigned. The staff act as contract liaisons and are available to assist MHP staff to address questions or concerns and to access resources. County Operations is responsible for approving amendments to MHP implementation plans and for coordinating the State Fair Hearing process.

To obtain assistance from County Operations please contact your County Operations' liaison or write to the address below:

County Operations  
State Department Mental Health  
1600 9<sup>th</sup> Street, Room 100  
Sacramento, CA. 95814